

Walnut Creek Special Utility District
PO Box 657
1155 W Highway 199
Springtown, TX 76082

BANK DRAFT AUTHORIZATION FORM

ALL INFORMATION MUST BE COMPLETED AND SIGNED BEFORE YOUR ACCOUNT WILL BE SET UP. THIS INFORMATION WILL NOT BE TAKEN OVER THE PHONE

1. Authorization:

I, _____, HEREBY AUTHORIZE Walnut Creek Special Utility District, hereinafter referred to as WCSUD, through its financial institution, to implement a direct payment procedure against the bank account indicated below for water service fees. Such payment shall be made on a monthly basis and in lieu of the physical mailing of the customer's payment. This authorization is to remain in full force and effect until WCSUD has received written notice of termination.

2. Bank Account:

Bank Name: _____
City: _____ State: _____ Zip Code: _____
Routing Number: _____ Account Number: _____

3. Water Service Account:

Name of WCSUD Account: _____ Acct No: _____
Service Address: _____
City: _____ State: _____ Zip Code: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: Home _____ Cell _____ Work _____
Drivers License Number: _____ E-Mail Address: _____

4. Authorization:

Name: (please print) _____ Date: _____

Signature: _____



VOIDED CHECK REQUIRED BY FDIC