



AUTHORIZATION AGREEMENT FOR BANK DRAFT

WATER ACCOUNT NUMBER:	
WATER ACCOUNT NAME:	

I, _____ hereby authorize Eagle Pass Water Works System (EPWWS), to initiate a bank draft from my () Checking Account () Savings Account indicated below, to pay my monthly water utility statement.

BANK INFORMATION:

BANK NAME:	
NAME ON BANK ACCOUNT:	
ACCOUNT NUMBER:	
ROUTING NUMBER:	

I UNDERSTAND THAT PAYMENT WILL BE DEDUCTED FROM MY BANK ACCOUNT THE DAY THE BILL IS GENERATED AND MAILED OUT.

IF MY WATER BILL AMOUNT IS MORE THAN THE EXPECTED AVERAGE DUE TO A WATER LEAK OR ANY OTHER CIRCUMSTANCE, I WILL NOT HOLD EPWWS RESPONSIBLE FOR ANY EXTRA CHARGES MADE BY MY BANK DUE TO AN OVERDRAFT. ALSO, THERE WILL BE A FEE OF \$35.00 IF YOUR BANK DRAFT IS NOT HONORED BY THE BANK DUE TO INSUFFICIENT FUNDS.

Please fill out and return form with a copy of a voided check or deposit slip. If the water account does not belong to the bank holder, please also include a copy of bank holder's identification as well as his/her signature on this form.

Customer Signature: _____ Phone #: _____

Bank Account Holder Signature: _____

Date Submitted: _____

FOR OFFICE USE ONLY

FORM SCANNED BY: _____ DATE: _____

INCODE DRAFT MAINT COMPLETED BY: _____ DATE: _____