

Automatic Bank Draft Authorization Form

Personal Information

Financial Information (attach voided check)

Name

Name of Bank, Credit Union or Savings & Loan

Service Address

Bank Address (City, State, Zip)

City, State, Zip

Bank Routing Number (first 9-digit at bottom of check)

E-Mail Address

Checking Account Number

I have given authority to East Bell Water Supply Corporation providing services to the account (s) listed below to draw drafts against my account in payment of my utility bills. You are authorized to pay such drafts when so drawn and presented for payment until authority is revoked.

Signature (as accepted by Bank, Credit Union or Savings & Loan)

Date

Please include the Water Service account numbers you would like to include in this service:

East Bell Water Supply Corporation Account Number (s)

Authorization, Terms and Conditions: By completing the enrollment form to East Bell Water Supply Corporation (EBWSC), you authorize EBWSC to automatically debit your checking account each month for the amount of your water bill. Your payments will be debited from your checking account on the date indicated on your water bill. This authorization applies to the account (s) shown on the enrollment form above. Your participation is subject to EBWSC's approval. EBWSC has the right to terminate this payment option at any time. You may discontinue this service at any time with 30 day advance written notice to EBWSC. If for any reason the draft is returned, you will be required to pay the amount of the bank draft transaction plus a return fee of \$25.00 in cash or money order. All charges, terms and conditions are subject to change. Any adjustments to your account balance received up to five business days before your payment date may be reflected in your direct debit amount. EBWSC is not responsible for any bank fees as a result of this program. EBWSC reserves "right to terminate" option of your bank returns a payment. This agreement does not alter in any way the terms and conditions of your water service Agreement or separately negotiated contract.

Send completed information, signed with a voided check to:

East Bell WSC
16490 State Hwy 53
Temple, TX 76501

Authorized initial: \_\_cw\_\_ Authorized Date: \_\_\_\_\_