

*South Tawakoni Water Supply Corporation
P.O. Box 485
Wills Point, Texas 75169
903-873-2509*

ACH AUTHORIZATION FORM

ACCOUNT # _____ **Date** _____

NAME: _____

ADDRESS: _____

TELEPHONE #: _____

BANK: _____

BANK ADDRESS: _____

BANK PHONE #: _____

Bank A/C # : _____

To be drafted (Please attach a voided check)

Bank Routing #: _____

Do you want to continue to get a bill? **Yes** **No**

By signing below, I do hereby authorize South Tawakoni Water Supply Corporation to draft my regular monthly water bill from the aforementioned financial institution. This authorization shall remain valid until such time as I may terminate the bank draft service.

Customer

South Tawakoni WSC

Date

Date

In accordance with Federal law and U. S. Department of Agriculture Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S. W., Washington, D. C. 2050-9410, or call (800) 795-3272 (voice) or (202)720-6382 (TDD)