

**AUSTIN COUNTY WATER SUPPLY CORPORATION**  
**P.O. Box 550, 117 N. Granville, Bellville, TX 77418**  
**979-865-3022      FAX: 979-865-9511**  
**AustinCountyWater@gmail.com**

**BANK DRAFT AUTHORIZATION**

Customer name: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Service Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**BANK ACCOUNT TO BE DRAFTED:**

Bank Name: \_\_\_\_\_

Signer on bank acct: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_ Bank Account #: \_\_\_\_\_

- Austin County Water Supply Corporation has my permission to draft the above bank account monthly on or about the 15<sup>th</sup> for the balance due on my account.
- ACWSC will continue to send me a bill each month that will be marked **“DO NOT PAY – Bank Draft in Effect”**.
- I agree to have funds available in the specified bank account by the 15<sup>th</sup> of each month.
- Should my automatic deduction be **declined for any reason**, my account will be subject to normal NSF charges.
- If my banking information changes, **I will notify ACWSC immediately**. If I fail to provide this information and ACWSC is unable to process my payment, I will be responsible for an alternate payment arrangement and any late fees that result.
- I will notify ACWSC if I wish to cancel this service.
- ACWSC may cancel this agreement at any time with 30 days written notice.

\_\_\_\_\_  
(Signature of Account Holder)

\_\_\_\_\_  
(Date of Agreement)

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