

COLEMAN COUNTY SPECIAL UTILITY DISTRICT

214 Santa Anna Ave.
Coleman, Tx 76834
Phone: (325) 625-2133
Fax: (325) 625-2213

CUSTOMER WATER

ACCOUNT#: _____

AUTHORITY TO HONOR DRAFT

Date: _____

To the _____

(Print Name of Bank)

(Address, City and State Where Bank is Located)

THIS IS TO ADVISE YOU that I, the undersigned account holder, do hereby authorize you to honor drafts, until such time as I may revoke this order, payable to: **COLEMAN COUNTY SPECIAL UTILITY DISTRICT.**

And, am hereby authorizing the withdrawal of funds from my account for payment of monthly current water bill and services furnished by said Corporation.

Bank Account Number: _____

Bank Routing Number: _____

(Members Signature)

(Print) Member's Name

(Print) Rural Route, Street Address, or Post Office Box

(Print) Town State Zip

Attach VOIDED CHECK BELOW: