

EAGLE LAKE WATER DISTRICT

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

To whom it may concern:

I have given authorization to Eagle Lake Water District, Inc. to debit any money owed to them directly from my bank account as specified below. These debits will begin on or about ___/___/____. The drafts will be for the amount of the monthly bill. This authorization will remain in effect until revoked by me in writing.

(please print)

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____ - _____

BANK NAME: _____

BANK CITY _____ STATE _____ ZIP CODE _____ - _____

BANK R/T NUMBER: _____

BANK ACCOUNT NUMBER: _____

(Important – Attach a voided check)

SIGNATURE: _____
