INMAN-CAMPOBELLO WATER DISTRICT
BANK DRAFT AUTHORIZATION FORM

This completed form with my signature below shall serve as authorization for the Inman-Campobello Water District (ICWD) to draft my checking account each month for all bills rendered by the ICWD. The ICWD will draft my checking account on the due date for the monthly cycle bill. I understand this authorization will remain in effect until such time as that I have notified the ICWD to discontinue this service.

I understand that the ICWD may impose a service charge in the event any draft is not paid by my financial institution for a valid reason.

Customer Signature:_____ Date:_____

_____ Customer ICWD Account Number

_____ Customer Name on Account

_____ Customer Service Address

_____ Customer Telephone Number

FOR OFFICE USE ONLY

_____ Name Of Bank

_____ Bank Routing Number

_____ Bank Account Number

_____ Name as shown on Bank Account

PLACE VOIDED CHECK HERE