



ELDERVILLE WATER SUPPLY CORPORATION
P O BOX 7344
LONGVIEW, TX 75607
903-643-2692

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED
PAYMENTS**

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE () _____ WORK TELEPHONE () _____

CUSTOMERS BANK INFORMATION

NAME OF FINANCIAL INSTITUTION _____

ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

ACCOUNT TYPE: (CHECK ONE) CHECKING _____ SAVINGS _____

ACCOUNT NUMBER: _____

TRANSIT/ABA (ROUTING) NUMBER: _____

I hereby authorize ELDERVILLE WATER SUPPLY CORPORATION, (hereinafter called the Company) to initiate debit entries to my account indicated above, and the Financial Institution named above, to debit same to such account for the purpose of paying my monthly water bill. I agree that each payment will have the same effect as a check personally signed by me. This authority will remain in full force and effect until the Company and the Depository named above have received written notification from me of its termination in such time and in such manner as to afford the Company and Depository a reasonable opportunity to act on it. The Company will drop a customer from the drafting program after two (2) returned drafts.

Signature _____ **Date** _____

PHONE NUMBER: _____

**PLEASE RETURN THIS FORM TO ELDERVILLE WATER SUPPLY
CORPORATION WITH A VOIDED CHECK.**

FOR ELDERVILLE WSC OFFICE USE ONLY:

EWSC ACCOUNT NUMBER: _____