

REOCCURRING BANK DRAFT & CREDIT CARD PAYMENTS

Reoccurring Bank Draft Payment

Please fill out the authorization below. You will continue to receive a water bill each month. Your bank account will be debited each month on or around the 20th of each month.

I authorize Coryell City Water Supply District to initiate variable monthly debit entries to my bank account. I agree to contact Coryell City Water Supply District at least 30 days before the penalty date with any concerns or changes in bank account information.

Water Account Number: _____ Phone Number: _____

____ Checking Account Signature: _____ Date: _____

____ Savings Account Joint Account Signature: _____

Please include a voided check and mail this form to:

**Coryell City Water Supply District
9440 FM 929
Gatesville, Texas 76528**
