

MILLERSVIEW-DOOLE WATER SUPPLY CORPORATION

P.O. Box 130
Millersview, Texas 76862

CUSTOMER WATER ACCOUNT

#: _____

Phone: 325-483-5438
Fax: 325-483-5462

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 : **MILLERSVIEW-DOOLE WATER SUPPLY CORPORATION.**

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: _____

{Member's Signature}

Bank Routing Number: _____

(Print) Member's Name

Attach VOIDED CHECK

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

(Print)Town State Zip