

# Consolidated Public Water Supply District #2 of Audrain County

PO Box 457 / 19105 Hwy 22 / Mexico, MO 65265

## BANK DRAFT AUTHORIZATION FORM

I (we) hereby authorize Consolidated Public Water Supply District #2 of Audrain County, hereinafter "CPWSD #2", to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for **monthly payment of water bill on or around the 12<sup>th</sup>**. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

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(Financial Institution Name)

\_\_\_\_\_ Type of Account: \_\_Checking or \_\_ Savings  
(Routing Number) (Account Number)

(THESE NUMBERS ARE FOUND ON THE BOTTOM OF YOUR CHECKS OR YOUR BANK CAN PROVIDE THEM)

This authority is to remain in full force and effect until CPWSD #2 has received written notification from me (or either of us) of its termination in such time and manner as to afford PWSD #2 and Financial Institution a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Individual Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Water Service Address)

\_\_\_\_\_  
(City/Zip)

\_\_\_\_\_  
(Water Account Number)

\_\_\_\_\_  
(Phone/Cell Number)

\_\_\_\_\_  
(Draft Limit)

\_\_\_\_\_  
(Date)