

DATE RECEIVED \_\_\_\_\_  
OFFICE USE ONLY

DATE ENTERED \_\_\_\_\_  
OFFICE USE ONLY

ACCOUNT # \_\_\_\_\_  
OFFICE USE ONLY

**DRAFT AUTHORIZATION AGREEMENT**  
**ALL INFORMATION IS STRICTLY CONFIDENTIAL**

Instructions for draft originator:

\*Please accept this request as authorization to establish drafts for monthly utility payments\*

**Customer Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Utility Account Number: \_\_\_\_\_

Social Security # \_\_\_\_\_ or Valid Drivers License # \_\_\_\_\_

Tax I.D. # \_\_\_\_\_ for Business' only

**I authorize PWSD #2 and/or ECM to process a draft against my checking, savings or credit card listed below the business day before the due date.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Check one)

Checking Account \_\_\_\_\_  
Savings Account \_\_\_\_\_  
Credit Card \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

- **PLEASE INCLUDE A VOIDED CHECK WITH THIS FORM OR A COPY OF YOUR CREDIT CARD**

Credit Card Type:      Master Card \_\_\_\_\_      Visa \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- This authorization is to remain in full force and effect until written notification is received to terminate this service. **TO CHANGE/DISCONTINUE CURRENT AUTO DRAFT \_\_\_\_\_ Initial here**