

**PWSD #2 AND/OR ECM SEWER AUTHORITY
100 WATER DRIVE, O'FALLON, MO 63368**

DATE RECEIVED _____ DATE ENTERED _____ ACCOUNT # _____
OFFICE USE ONLY OFFICE USE ONLY 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 _____

Utility Account Number _____

Social Security Number _____ or Valid Drivers License # _____

Tax I.D. for Business' only _____

I authorize PWSD#2 and/or ECM to process a draft amount against my checking, savings,

or credit card listed below the business day before the due date

Savings Account _____ Checking Account _____ Credit Card _____ (please check one)

PLEASE INCLUDE A VOIDED CHECK WITH THIS FORM

Bank Name _____

Bank Routing # _____ Account # _____

UPON EXPIRATION OF CREDIT CARD A NEW FORM WITH UPDATED INFORMATION IS REQUIRED.

CREDIT CARD TYPE MASTER CARD _____ VISA _____

CREDIT CARD NUMBER _____

CREDIT CARD EXPIRATION DATE _____

CREDIT CARD BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

SIGNATURE _____ DATE _____

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL WRITTEN NOTIFICATION IS RECEIVED TO TERMINATE THIS SERVICE.

TO CHANGE OR DISCONTINUE CURRENT DRAFT INITIAL HERE _____
IT DOES TAKE APPROXIMATELY 4-6 WEEKS TO SET A DRAFT AUTHORIZATION UP IN THE SYSTEM.