

**PWSD #2 AND/OR ECM SEWER AUTHORITY  
100 WATER DRIVE, O'FALLON, MO 63368  
636-561-3737 FAX 636-625-3712**

DATE RECEIVED \_\_\_\_\_ DATE ENTERED \_\_\_\_\_ ACCOUNT # \_\_\_\_\_  
OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY

**DRAFT AUTHORIZATION AGREEMENT**

**ALL INFORMATION IS 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.