

**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.