

CCSUD

P. O. Box 2829, 10446 Hwy 751
Quinlan, Texas 75474
(903) 356-3321 ♦♦♦ (800) 545-4517
Fax (903) 356-3322

CUSTOMER BANK DRAFT FORM

Date: _____

CCSUD Account #: _____ Cycle: _____

Name: _____

Service Address: _____

Billing Address: _____

Telephone #: _____

Bank Name: _____

Bank Account # To Be Drafted: _____
_____ *(Please Attach A Voided Check)*

By signing below, I do hereby authorize Combined Consumers Special Utility District to draft my regular monthly water bill from the aforementioned financial institution. This authorization shall remain valid until such time as I may terminate the bank draft service

Customer Signature:

Combined Consumer SUD :

Date:

Date: