

# ***Combined Consumers SUD***

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

## **CUSTOMER BANK DRAFT FORM**

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

CCSUD Account #: \_\_\_\_\_ Cycle: \_\_\_\_\_

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

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

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

\_\_\_\_\_

Telephone #: \_\_\_\_\_

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

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

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

*(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:

\_\_\_\_\_  
CCSUD Representative:

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

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