

MILITARY HIGHWAY WATER SUPPLY CORPORATION

MHWSC

PO Box 250
Progreso, TX 78579

Tel. (956) 565-2491
Fax (956) 565-9471

Monday - Friday 8:15am - 4:45pm Saturday and Sunday Closed

"This institution is an equal opportunity provider and employer."

AUTOMATIC BANK DRAFT APPLICATION FORM

I hereby authorize Military Highway Water Supply Corporation to draft my bank account for the amount due on my monthly utility bill. I authorize my financial institution to debit the amount monthly from my checking account.

This authorization is to remain in effect until revoked by MHWSC member.

Member Name: _____

Account Number: _____

Mailing Address: _____

City, State & Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail: _____

BANK INFORMATION

Name as shown on bank statement/account: _____

Name of financial institution: _____ Contact Person: _____

Branch of financial institution: _____ Phone: _____

Address: _____

City / State / Zip: _____

Type of Account: checking / savings

Bank Routing Number: _____ Account Number: _____

DEPOSITOR SIGNATURE _____

DATE _____

A VOIDED CHECK MUST ACCOMPANY THIS FORM

PLEASE ATTACH VOIDED CHECK HERE

OFFICE USE ONLY:

DATE ENTERED: _____ ENTERED BY: _____ VOIDED CHECK # _____