

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 # \_\_\_\_\_