



16120 FM 1778
P.O. Box 135
Copeville, TX 75121

Phone: 972-853-4630/972-843-0411
Fax: 972-853-0060
www.copevillesud.com

COPEVILLE SPECIAL UTILITY DISTRICT

Direct Payment/ Bank Drafts

The Copeville Special Utility District offers the option of paying your water bill using direct bank payment. This will allow the bill to be deducted from your bank account every month and the payment will be sent to the District by the bank.

The payment will be deducted from your account on the 10th of each month, unless the 10th falls on a weekend or a holiday, then it will be deducted on the business day before said holiday or weekend. You will still receive a paper bill the same as the one you receive now but it will say "Do Not Pay Drafted" on the bill.

To setup direct pay, complete the attached form and return it with a voided check or deposit slip to have your payment deducted from your checking account. You may stop the direct payment at any time by notifying the office in writing before the next billing cycle.

Any bank drafts that are returned will be treated the same as a returned check. There will be a \$25.00 service charge and returned draft will need to be paid with cash or money order.

If you have any questions, please contact the office at 972-853-4630

Strengthening our community with quality and service"



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COPEVILLE SPECIAL UTILITY DISTRICT

This authorizes the Copeville Special Utility District and my financial institution to automatically pay my monthly water bill out of my bank account. I agree to all terms of the authorization.

IMPORTANT: A voided check or deposit ticket must be attached to this form.

Copeville Special Utility District Account Number _____

Your Name (as it appears on the account): _____

Address: _____

City: _____ State _____ Zip Code: _____

Cell/Home Number: _____ Work Number _____

Bank Account No: _____ Type of Account _____ Checking _____ Savings

Name as it appears on bank account: _____

Bank ABA Routing#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date: _____ Signature: _____

CANCELLATION OF ACH DRAFT	
_____	_____
Signature	Date

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