



Copeville SUD

Strengthening our community with
quality and service

Office 972-853-4630
Fax 972-853-0060

www.copevilwater.com
mywater@copevilwater.com

Draft Authorization

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 must be attached to this form.

Customer Information:

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 Information:

Bank Account No: _____ (*Checking Accounts Only*)

Name of Bank: _____

Bank ABA Routing#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date: _____ Signature: _____

<u>CANCELLATION OF ACH DRAFT</u>	
_____ Signature	_____ Date