

Hilltop Water Supply Corporation

P.O. Box 543
West, TX 76691
254-826-3455

Bank Draft Service

Hilltop Water Supply Corporation offers bank draft service for payment of your water bills. Given your permission, Hilltop Water Supply can draft on your bank account each month for the amount of your water bill.

If you are interested and would like more information, please contact the Hilltop Water Supply office or complete the form below and return it to the Hilltop Water Supply office at the address above.

AUTHORIZATION FOR BANK DRAFT

Account number on your water bill

Your name as entered on your bank account

Your personal bank account number (attach a voided check)

I, _____, hereby authorize Hilltop Water Supply Corporation to draw monthly drafts on my account in your bank for my current water account and service furnished to me by said corporation and I do hereby authorize you to handle such drafts until such time as I may revoke this order. Your bank account will be drafted on the Monday prior to due date.

Members Signature

Effective Date

Name and Address of Bank



**Authorization Agreement for
Automatic Credits/Debits (ACH)**

Company Name: POINTWEST Bank

I (we) hereby authorize Hilltop WSC, hereinafter called COMPANY, to initiate **credit / debit** (circle one) entries and to initiate, if necessary, debit / credit entries for adjustments for entries in error to my (our) () **Checking** () **Savings** account (select one) indicated below at the depository named below, hereafter called DEPOSITORY, to credit/debit the same to such account.

X **Depository Name:** _____ **Branch:** _____

City: _____ **State:** _____ **Zip:** _____

X **Transit/ABA No:** _____

X **Account Number:** _____ **Amount:** \$ _____

One-Time Date: _____ **OR Recurring Date:** Monday before 15th

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Direct credits/debits returned to COMPANY dishonored will be assessed a fee of \$25.00 by COMPANY. Dishonored direct credits/debits **WILL NOT** be re-originated.

X **Name(s):** _____ **Account Number:** _____

X **Signature:** _____ **Date:** _____

Note: All written CREDIT/DEBIT authorizations MUST provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

-----**REVOCATION**-----

I/we hereby revoke the above Direct Credit/Debit Authorization effective immediately upon receipt by COMPANY.

Signature: _____ **Date:** _____