

Draft Authorization

Name & Address of Financial Organization Maintaining Account:

TYPE OF ACCOUNT:
Checking Now
Savings Share
Draft

Please pay and charge to my account all drafts drawn by Lamar County
Water Supply District

to its own order once each _____ in the amount of \$ _____
(Indicate Interval)

beginning _____ .

This authorization will remain in effect until canceled by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such draft.

I agree that your treatment of any such draft, and your rights in respect to it, shall be the same as if it were signed personally by me.

Bank Account Number

Water Account Number

Date

Signature

Phone Number