

Acct # _____

Brushy Creek Water Supply Corporation P. O. Box 168 249 An Co Rd 432

Maximum Draft Amount \$_____

P. O. Box 168 249 An Co Rd 432 Montalba, TX 75853-0168 903-549-2488 phone 903-549-2483 fax

www.brushycreekwsc.org brushycreekwsc@gmail.com

UTILITY AUTOMATIC PAYMENT AUTHORIZATION

mor acco reas Cor	As a convenience to me, I hereby request and authorize the financial institution named below to pay my monthly water bill to Brushy Creek Water Supply Corporation by charging each payment to my checking account. This authority is to remain in effect until revoked by me in writing. Until you receive and have had reasonable time to act on such notice, you shall be fully protected in honoring any Brushy Creek Water Supply Corporation debit against my account. I understand, however, that both the Financial Institution and Brushy Creek Water Supply Corporation reserve the right to terminate this payment plan (or my participation therein.)																														
Financial Institution Notice Brushy Creek Water Supply Corporation has been instructed to forward this authorization to you. If the information on this document does not agree with your records, or if this agreement is not in keeping with your procedures, please call Brushy Creek Water Supply Corporation at (903) 549-2488.																															
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