

First draft date \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

## GRAND PRAIRIE BAYOU TWO P.W.A. CONSUMER DRAFT AUTHORIZATION

NAME: \_\_\_\_\_  
(As it appears on your Grand Prairie Bayou Two P.W.A. statement)

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(Optional)

E-Mail Address: \_\_\_\_\_  
(Enter e-mail address only if you wish to receive E-Statements in place of paper bill.)

GRAND PRAIRIE BAYOU TWO P.W.A. ACCOUNT NUMBERS TO BE PAID BY DRAFT:

\_\_\_\_\_  
\_\_\_\_\_

NAME OF YOUR FINANCIAL INSTITUTION: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_  
(As it appears on your bank account)

BANK ROUTING NUMBER: \_\_\_\_\_

CHECKING OR SAVINGS ACCOUNT NUMBER: \_\_\_\_\_

I authorize the financial institution named above to pay my monthly Grand Prairie Bayou Two P.W.A. water bill and to deduct each payment from my checking/savings account. This authority is to remain in effect until revoked by me in writing. I agree that each payment shall be the same as a check personally signed by me. I have the right to stop payment of a charge by timely notification to my financial institution and Grand Prairie Bayou Two P.W.A. reserves the right to terminate this draft service (or my participation therein).

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please include this form with your payment check, or enclose a voided personal check.

Mail to: Grand Prairie Bayou Two P.W.A. 11177 AR Hwy 31 N. Austin, AR 72007

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