



BANK DRAFT FORM

To be completed by customers wishing to have their monthly bill amount paid by bank draft.

Name on Cason Water Account: _____

Current Phone Number: _____

Cason Water Account Number: _____

Name on Checking Account: _____

Checking Account Number: _____

Bank Routing Number: _____

Name of Banking Institution: _____

Address of Banking Institution: _____

I, the undersigned, authorize Cason Water District, Inc. to draft from the checking account above, payment of monthly water bill for the Cason Water account listed above.

I understand that it is my responsibility to contact Cason Water before the 7th of the month to remove my Cason Water account from bank draft, if needed.

I understand that in the event of a declined bank draft, my Cason Water account will immediately be removed from bank draft, and it is my responsibility to contact Cason Water to settle the account in full and request that bank draft be reinstated. Cason Water will use their discretion when the request is made to reinstate the account to bank draft.

I understand that in the event of a declined bank draft, there will be additional charges added to my Cason Water account to cover the cost of the declined bank draft.

I understand that in the event of a declined bank draft, I will be allowed 10 working days to pay my water bill plus any additional fees in full, or my water account will be placed on the lock list for nonpayment of the water bill and my water account will incur additional fees if the meter is locked. Bill must be paid by credit card, cash, or money order.

In addition, I understand that Cason Water is not responsible for any fees that I incur from my banking institution.

Signed: _____

Date: _____