



Office Phone: 662-256-2442
Office Fax: 662-256-2406

Water Operator: Donald Young
662-397-0183

BANK DRAFT FORM

Name on Cason Water Account: _____

Current Phone Number: _____

Cason Water Account Number: _____

Name on Checking Account: _____

Name of Bank: _____

Bank Location: _____

Routing Number: _____

Account Number: _____

The diagram shows a check form with the following fields and labels:

- Payor Information:** Jane Checkholder, 123 Main St., Anytown, USA 12345
- DATE:** _____ 20__
- 0000** (in the top right corner)
- PAY TO THE ORDER OF:** _____
- EXAMPLE** (written in the center)
- ARS** (in the bottom right corner)
- MEMO:** _____
- Routing number:** 0 1 2 3 4 5 6 7 8 9 10 (labeled below the first row of numbers)
- Account number:** 0 1 2 3 4 5 6 7 8 9 10 (labeled below the second row of numbers)
- Check number:** 1 2 3 4 (labeled below the third row of numbers)

I, the undersigned, authorize Cason Water District, Inc. to draft from my checking account listed above, payment of monthly water bill for the Cason Water account listed above. I understand that my bank account may be drafted between the 7th and the 10th of the month, depending on holidays and weekends; therefore, it is my responsibility to contact Cason Water before the 7th of the month to remove my Cason Water account 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 and any additional fees in full, or my water account will be placed on the lock list for nonpayment of the water bill. The 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.

Signature: _____ Date: _____