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## 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:** \_\_\_\_\_

- I 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.
- I understand that it is my responsibility to contact Cason Water before the 7th of the month to remove my Cason Water account from monthly 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.
- I understand that Cason Water is not responsible for any fees that I incur from my banking institution.

Last 4-digits of SSN (for verification purposes): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_