

WSC ACCOUNT # _____

BANK AUTHORIZATION

NAME AS SHOWN ON ACCOUNT: _____

NAME OF FINANCIAL INSTITUTION: _____

FINANCIAL INSTITUTION ADDRESS: _____

I (We) give permission to my (our) financial institution to automatically make payment to Walston Springs Water Supply Corporation, 1370 FM 2419, Palestine, Texas, for the monthly water bill. This authorization will remain in force unless I (we) cancel it, or unless the membership in the Corporation is canceled or my (our) checking account is closed.

Date: _____ X _____
Signature as it appears on bank records

IMPORTANT: We require a voided check or checking deposit slip – this allows us to obtain the correct routing codes.