

STONEWALL W.C.I.D.

26550 Ranch Road 12, Suite 1, Dripping Springs, TX 78620
Business Office (866) 643-3472 * Fax (512) 858-1414

Name

Address

City, State, Zip

REQUEST FOR PRE-AUTHORIZED PAYMENT PLAN

I authorize the STONEWALL W.C.I.D. to electronically deduct payments from my checking account at:

Bank Name _____

Address _____

PLEASE INCLUDE VOIDED CHECK

ROUTING # _____

BANK ACCOUNT # _____

These electronic deductions will be debited on or about the **twentieth** of each month. If any electronic deduction is not honored by my bank a returned item fee of \$30.00 will be added to my account balance and the account will be considered not paid. STONEWALL W.C.I.D. will ask me to replace the pre-authorized electronic deduction. After the replacement is received by STONEWALL W.C.I.D. and any canceled or lapsed accounts are reinstated, the pre-authorized electronic payment plan will resume for future installments.

STONEWALL W.C.I.D. has the right to discontinue the pre-authorized electronic payment plan if any two deductions are not honored.

I may discontinue the plan at any time by contacting the business office of STONEWALL W.C.I.D. **in writing and at least thirty (30) days prior to the next payment date.**

Customer Name as it appears on the bill (please print) _____

Account Number (s) on water bill(s) to be electronically drafted _____

Billing address _____

Signature _____

Date _____