

WICKSON CREEK SPECIAL UTILITY DISTRICT

**P.O. Box 4756
Bryan, Texas 77805-4756**

Member Texas Rural Water Association
www.wicksoncreek.com

979-589-3030 Fax: 979-589-3275
E-Mail: melissa@wicksoncreek.com

BANK DRAFT AUTHORIZATION

Dear Customer:

Please sign the following statement and provide the necessary information so that we may request permission to draft your bank account for water service payment. Please return this completed form and a voided check to our office.

(O R C O P Y O F C H E C K)

_____ give Wickson Creek Special Utility District my permission to

draft on my account for my water bill each month.

Bank Name _____

Bank Address:

Bank Account Number _____ Routing Number _____
CHECKING OR SAVINGS

Date of Request: _____

Signature as it appears on bank signature card

Service Address

Phone

City, State Zip Code

Email

WCSUD ACCT. _____ BANK CODE _____ EFF.DATE: _____

