



**AUTOMATIC BANK DRAFT AUTHORIZATION**

**Please complete the following information and return it, along with a voided check to:**

Fort Worth Water Department  
Customer Service Division  
P.O. Box 870  
Fort Worth, Texas 76101-0870

\_\_\_\_\_  
Name (please print)

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail Address

Water Account(s) Number

Service Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have given authority to the Fort Worth Water Department providing services to the accounts(s) listed above to draw drafts against my account in payment of my water bills. You are authorized to pay such drafts when so drawn and presented for payment until authority is revoked.

\_\_\_\_\_  
Name of Bank, Credit Union or Savings & Loan

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Signature as accepted by Bank, Credit Union  
or Savings & Loan

\_\_\_\_\_  
Date