

CYPRESS SPRINGS SPECIAL UTILITY DISTRICT

P.O. Box 591 * Mount Vernon* Texas 75457-0591
114 FM 115 (Off South Service Road)
903-588-2081 or 888-588-1464 * FAX: 903-588-2085
E-Mail office@cssud.org Web site www.cssudpay.com

CUSTOMER DRAFT FORM

AUTHORIZATION FORM FOR FINANCIAL INSTITUTION TO PAY CYPRESS SPRINGS SPECIAL UTILITY DISTRICT FOR WATER BILLS:

You may also go to the website and register your account and set either Bank Draft or Credit Card Draft (\$4.00).

Cypress Springs S.U.D. Customer Account Number/s: _____

Name (as shown on above account): _____

Mailing Address: _____ **Please update on my account**

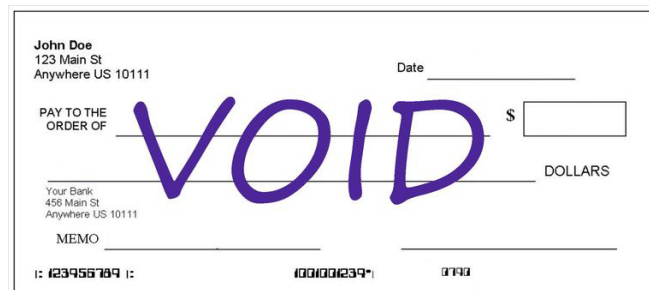
City: _____ State: _____ Zip: _____

Contact Number/s: _____ Email: _____

I want to receive my bills/notices/notifications by email instead of mail Yes No

**To prevent the bank from Declining Bank Draft and a Return Check Fee (\$25.00)
Please make sure all information is correct.**

*** ATTACH BLANK VOIDED CHECK HERE**



I authorize you to pay drafts drawn on my account by Cypress Springs Special Utility District; covering water service furnished to me at my residence and/or business. This draft will occur on or about the 5th of each month. This agreement may be revoked by either party upon written request. *Please note: If you no longer wish for CSSUD to draft your bank account, you are responsible to submit a Stop Bank Draft Form before the next draft cutoff date. If form is not received and draft comes back for any reason, you are responsible for all amounts debited and any other fees associated until we receive Stop Bank Draft Form.* _____

*Customer's Checking Account Signature *Date

*Driver's License No.: _____ *State: _____ *D.O.B.: ____/____/____

* MUST BE COMPLETED Draft Form Rec: _____ Draft Will Start: _____