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 websi	ite, register your account,	and set either E	Bank Draft or C	redit Card D	Praft (\$4.00).
Cypress Springs S.U.D.					
Name (as shown on the a	above account):				
Mailing Address:			Please upo	late on my	account
	State:				
Contact Number/s:		Email			
I want to receive my bill	s/notices/notifications	s by email ins	tead of mail	Yes	<i>No</i>
To prevent th	ne bank from Declining B Please make sure a	•		Fee (\$25.00	<u>)</u>
	i lease make sure a	ա այօւտաստ	s correct.		
* <mark>ATT</mark>	ACH BLANK V	VOIDED	CHECK	HERE	
1	ohn Doe 23 Main St nvwhere US 10111	Date			
1	PAY TO THE		s .		
	ORDER OF	++-			
	Your Bank 456 Main St Anywhere US 10111		DOLLARS		
	MEMO				
l:	(23956769): 100/	00(239*) 0790			
I authorize you to pay draft	=			=	_
service furnished to me at m					
This agreement may be revo to draft your bank account, yo		-		_	•
to arajt your bank account, yo If the form is not received and					
other fees associated with it un		•	-		
*Customer's Checking Acc		*Date			
*Driver's License No.:		*State:	* _{D O P} .	/	1
Driver's License No.:		State:	D.O.B.: _	/	
* MUST BE COMBLET	ED Draft Form	Rec:	Draft \	Mill Start:	