



# West Leonard Water Supply Corporation

903-587-2172

108 W Collin St. Leonard, Tx 75452

westleonardwater@gmail.com

## Bank Draft Authorization

Account # \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of Bank \_\_\_\_\_

Bank Address \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank Account # \_\_\_\_\_

Checking Account \_\_\_ Savings Account \_\_\_ Maximum Draft Amount \_\_\_\_\_

Please attach a voided check or a copy of a check

**Accounts will be drafted between the 3<sup>rd</sup> and 10<sup>th</sup> of each month**

**Bills are due the 15<sup>th</sup> of each month**

I, \_\_\_\_\_ hereby authorize West Leonard Water Supply Corporation to draft my bank account monthly for my water bill.

\_\_\_\_\_

Account Owner Signature

\_\_\_\_\_

Date

\_\_\_\_\_  
West Leonard Water Supply Corporation Authorized Representative