

**GONZALES COUNTY WATER SUPPLY CORPORATION**

**P. O. DRAWER 749**

**GONZALES, TEXAS 78629**

**Phone 830-672-6509 FAX 830-672-7959**

**Automatic Debit Authorization**

I authorize the Gonzales County Water Supply Corporation to debit the bank account indicated below to pay my monthly utility bill. I understand that my bank account will be debited for the total amount due on the due date.

You will continue to receive a billing card in the mail that states "Paid By Draft".

We prefer a voided check to ensure accuracy of account information. If you do not have a check, please include a copy of the account card or legibly write the numbers below. You agree not to hold us liable for any errors you may make in providing your account information.

Name \_\_\_\_\_ Date \_\_\_\_\_

Service Address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(if different from service address)

Contact Phone No.(s)

Home \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

**PLEASE LIST WATER ACCOUNTS TO BE DRAFTED**

Acct. # \_\_\_\_\_ Acct. # \_\_\_\_\_ Acct. # \_\_\_\_\_ Acct. # \_\_\_\_\_

**BANK INFORMATION**

Acct. Holder \_\_\_\_\_  
(Print Name) (Signature)

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

Routing# \_\_\_\_\_ Bank Acct. # \_\_\_\_\_

**This authorization will remain in effect until the Gonzales County Water Supply Corporation has received written notification of its termination. We charge a \$30.00 fee for returned drafts.**