CHALK BLUFF WATER SUPPLY, CORP.

6511 Gholson Road
Waco, TX 76705
OFFICE (254) 799-1268
FAX (254) 799-6191

Thank you for your interest in the "Automatic Draft Program" with Chalk Bluff Water Supply, Corp.

1. Fill in the "Maximum Amount Allowable".
    a. Example: $100.00, if your water bill is $101.00 your account will not be drafted and you will have to make a payment arrangement with another method.

2. Print the Name of your Bank.

3. Print the name of customer shown on bank account.

4. Please return **a voided check** on the bank account you want us to withdraw your monthly water bill from, we can fill in the bank routing and account numbers if you prefer.

All payments will be taken out on the **10th** of the month and a note will be on your bill notifying you that your account will be drafted.

If you need further information or have questions, please do not hesitate to call our office at the number above.

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Please fill in ALL blanks and be sure to include a copy of your voided check from the account from which funds will be drawn. You will be notified that funds will be withdrawn from your bank account approximately 10 days prior to the first withdrawal.

CBWS Account # _____

$ _____
Maximum Amount Allowable

_____
Bank Name

Customer _____
Name as shown on bank account

_____
Name as shown on bank account (if joint account)

_____
If Business Account/ Name

Financial Institution Routing Transit Number/Account Number

: _ _ _ _ _ _ _ _ _ : _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ :

Authorization Respecting Preauthorized Debit Initiated by
Chalk Bluff Water Supply Corporation

As a convenience to me, I hereby request and authorize Chalk Bluff Water Supply Corporation, Waco Texas to collect my water bill and other amounts due from me to Chalk Bluff Water Supply Corporation, by debiting my bank account indicated above, either electronically or by any other method, and I hereby request and authorize my bank to pay and charge such amounts to my account**. This authority is to remain in effect until revoked by me in writing and until you actually receive such notice and had a reasonable opportunity to act upon it.** I understand and agree that in the event that any withdrawal by electronic funds transfer is dishonored or refused by my bank, I authorize Chalk Bluff Water Supply Corporation to immediately discontinue electronic billing and change my billing method to standard paper billing.

X _____ _____
Authorized Bank Signature of Customer Date

X _____ _____
Authorized Bank Signature of Customer (if joint account) Date

5/19/2025