

Carlsbad Fresh Water District #1

P. O. Box 24 Carlsbad, Texas 76934

Office: (325) 465-4692 or (325) 658-2961

Fax: (325)658-2962

ACH Bank Draft Authorization

I, _____, hereby authorize the Local Manager
(Customer)
and/or Cashier of Carlsbad Fresh Water District Office at 8174 US Hwy 87 N. San
Angelo, Texas to draw on my account at _____ Bank,
(Name)
_____, Texas each month for the amount of my current accounts
(Town)
with said Company at the above named location. It is understood and agreed that such
drafts will be and are drawn by Carlsbad Fresh Water District for my convenience and
that such practice will be discontinued at any time upon my request.

Date _____ Signed _____

Customer Service Address _____

Customer CFWD Account No. _____ Bank Account No. _____

Bank Routing No. _____