

**CENTRAL WASHINGTON COUNTY WATER SUPPLY CORPORATION**

26550 Ranch Road 12, Suite 1, Dripping Springs, TX 78620

Business Office (866) 643-3472

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

**REQUEST FOR PRE-AUTHORIZED PAYMENT PLAN**

I authorize the CENTRAL WASHINGTON COUNTY WATER SUPPLY CORPORATION to electronically deduct payments from my checking account at:

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

Address \_\_\_\_\_

\_\_\_\_\_ **PLEASE INCLUDE VOIDED CHECK**

**ROUTING #** \_\_\_\_\_

**BANK ACCOUNT #** \_\_\_\_\_

These electronic deductions will be debited on or about the **twentieth** of each month. If any electronic deduction is not honored by my bank a returned item fee of \$35.00 will be added to my account balance and the account will be considered not paid. Central Washington County Water Supply Corporation will ask me to replace the pre-authorized electronic deduction. After the replacement is received by Central Washington County Water Supply Corporation and any canceled or lapsed accounts are reinstated, the pre-authorized electronic payment plan will resume for future installments.

Central Washington County Water Supply Corporation has the right to discontinue the pre-authorized electronic payment plan if any two deductions are not honored.

I may discontinue the plan at any time by contacting the business office of Central Washington County Water Supply Corporation **in writing and at least thirty (30) days prior to the next payment date.**

Customer Name as it appears on the bill (please print) \_\_\_\_\_

Account Number (s) on water bill(s) to be electronically drafted \_\_\_\_\_

Billing address \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Mail this form with voided check to:*

Central Washington County WSC  
26550 Ranch Road 12, Suite 1  
Dripping Springs, TX 78620-4903