



# MANVILLE WATER SUPPLY CORPORATION

## AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENT (ACH DEBITS)

I (we) hereby authorize MANVILLE WATER SUPPLY CORPORATION, hereinafter called MANVILLE WSC., to debit my (our) Checking Account / Savings Account (*circle one*) at the banking institution named below. I (we) further authorize MANVILLE WSC to debit said account on/or about the **10TH** of each month.

**(Do not assume your account is drafting until you receive a confirmation letter from MANVILLE WSC)**

BANK NAME : \_\_\_\_\_  
ROUTING NUMBER: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_

CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_

I understand that if the bank account being drafted is insufficient to pay my bill, I remain liable and responsible to pay the bill, including any additional fees that may apply.

I further understand that I may revoke this authorization to debit my account for my water bill. If I revoke this authorization, I understand that I must give a 15 day written notice of such revocation to MANVILLE WSC.

NAME ON MWSC ACCOUNT: \_\_\_\_\_  
MWSC ACCOUNT NUMBER(s): \_\_\_\_\_  
\_\_\_\_\_

PHONE (PRIMARY) : \_\_\_\_\_  
PHONE (SECONDARY) : \_\_\_\_\_  
DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**Note: A voided check (or copy of check) MUST accompany this authorization for account verification purposes. Authorization not accompanied by a voided check will not be processed.**

# VOIDED CHECK

**RETURN BY MAIL: MANVILLE WSC  
PO BOX 248  
COUPLAND, TX 78615**

**RETURN BY FAX: 512-856-2029**