



HARRIS COUNTY W.C.I.D. NO. 50
 1122 CEDAR LANE
 EL LAGO, TEXAS 77586-6004
 (281) 326-5573 OFFICE
 (281) 326-7005 FAX
customer.service@wcid50.com

FOR OFFICE USE ONLY:

RECEIVED: _____ (DATE IN OFFICE)
 Employee Initials _____
 Entered into System: _____ Date
 Employee Initials: _____

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

WCID #50 ACCOUNT INFORMATION:

Name on Water Account: _____ Water Account Number: _____

Service Address: _____ Daytime Telephone Number: _____

Email Address _____

BANK INFORMATION: Type of Account: _____ Checking _____ Savings

Bank Name: _____ Bank ABA Routing Number: _____

Bank Account Number: _____

Name on Bank Account: _____

Bank Telephone Number: _____

Bank Address: _____

Signature Section: I hereby authorize Harris County W.C.I.D. No. 50 to initiate debit entries to my checking or savings account indicated above for the payment of my monthly water bill along with the service fee of \$1.00 per transaction. I further authorize the bank or financial institution named above to debit such account. I understand the debit will be made on the 15th of each month for the balance amount as shown on such bill. I further understand that if my payment is dishonored there will be a \$30.00 Return Payment Fee added to the amount due. This authority shall remain in full force until revoked by me, my bank or financial institution or Harris County W.C.I.D. No. 50.

Account Holder's Signature: _____ Date: _____

Driver's License # _____

TO PROCESS THIS AGREEMENT, **PLEASE ATTACH A VOIDED CHECK** –To ensure the highest level of security regarding your bank information, our preferred method of receiving this form is to deliver it in person to our office or place it in our night drop. However, if you do utilize the night drop, you are responsible for contacting our office to ensure receipt of your information.

NOTE-FIRST WITHDRAWAL WILL BE IN 30 TO 60 DAYS FROM RECEIPT OF AUTHORIZATION