

**WELLBORN SPECIAL UTILITY DISTRICT**  
**P. O. BOX 250**  
**WELLBORN, TEXAS 77881**  
**OFFICE (979) 690-9799      FAX (979) 690-1260**

**BANK DRAFT AUTHORIZATION**

Please sign the following statement and provide the necessary information so that we may draft your bank account for water service payment. Please return this completed form and a voided check to our office.

By signing below, I \_\_\_\_\_, hereby authorize Wellborn Special Utility District to draft my regular monthly water bill from my financial institution listed below.

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

Bank Address: \_\_\_\_\_

Bank Phone #: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_

Signature as it appears  
on bank signature card: \_\_\_\_\_ Date: \_\_\_\_\_

WSUD Account #: \_\_\_\_\_

WSUD Service Address: \_\_\_\_\_

Customer Phone # \_\_\_\_\_