CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize the HARLINGEN WATERWORKS SYSTEM (the Waterworks) to initiate transactions to my (our) checking account at the financial institution listed below (the Financial Institution); and if necessary, initiate adjustments for any transactions credited and or debited in error.

This authorization will remain in effect until the Waterworks is notified by me (us) in writing to discontinue drafting. To afford the Waterworks and the Financial Institution a reasonable opportunity to act, 10 days advance notice are required for both the authorization and the notice to discontinue drafting to become effective.

I (we) understand my (our) account will be drafted each month for the amount owed on the due date of my (our) monthly bill; and, transfer of service to a new address will automatically set the new address to bank draft.

A voided check must be submitted along with this form. All funds must be drawn on a bank located in the United States.

(<i>Please Print</i>) Waterworks Account Number:		
Service Address:		
	Phone:	
Mailing Address:		
City:	State:	Zip:
Driver's License Number:		State:
Financial Institution Routing/Transi (Look between these symbols 1: :1 of		ck)
Financial Institution Account Number:	Type of Account:	
Financial Institution Name:		
Address:		· · · · · · · · · · · · · · · · · · ·
City:		Zip:
Signature of Account Holder:		
This authorization form becomes the generated under this agreement.	ne property of PlainsCap	ital Bank when a transaction is
Received by (Waterworks Represent	ative):	
Date Received:	Effective Date:	