



**El Oso Water Supply Corporation Bank Draft Instructions**  
 Please detach this portion below the dotted line and retain for your records.

**Complete All information**

All signatures are **REQUIRED** on this form, if there is a joint checking/savings account holder. This does **NOT** grant them access to the utility account, unless they are added to the account via Authorization Form.

A **VOIDED** check is required to complete the bank draft process.

I (we) understand that this authorization will remain in full force and effect until I (we) notify company in writing, that I (we) wish to revoke this authorization. Company requires at least 5 days prior notice in order to cancel this authorization.

Remittance of Required Documentation

**Mail To:**  
 El Oso WSC  
**Attn: Billing**  
 PO Box 309  
 Karnes City, TX 78118

**Fax To:**  
 (830) 583-3550

**Email To:**  
[debrab@elosowater.com](mailto:debrab@elosowater.com)

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El Oso WSC Acct # _____	_____ SAVINGS	<b>For WSC Use Only</b>
	_____ CHECKING	Received By _____
		Updated By _____

**Authorization Agreement For Automated Bill Payment (ACH Debit)**  
**El Oso WSC, ID Number 74-719435**

I (we) authorize El Oso WSC, hereinafter called Company, to initiate debit entities to my (our) checking/savings account indicated below and the depository (bank), hereinafter called Depository, to debit.

**BANK NAME:** \_\_\_\_\_

**ROUTING #:** \_\_\_\_\_ **ACCOUNT #** \_\_\_\_\_

This authority is to remain in full force and effect until Company and Depository have received written notification from me (us) of its termination in such time and matter as to afford Company and Depository a reasonable opportunity to act on it.

Bank Draft processing could take 4 – 6 weeks. Please ensure to pay your account manually until your bill reflects AUTO PAY.

**NAME(S) LISTED ON DEPSITORY**  
**ACCOUNT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_