

**AMON CARTER LAKE WATER SUPPLY CORPORATION**

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**P.O. BOX 512  
BOWIE, TEXAS 76230  
(940) 872-5505**

**BANK DRAFT APPLICATION**

ACLWSC Account #: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

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

Bank Account #

To Be Drafted: \_\_\_\_\_

By signing below, I do hereby authorize Amon Carter Lake Water Supply Corporation to draft my regular monthly water bill from the aforementioned financial institution. This authorization shall remain valid until such time as I may terminate the bank draft service.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Corporation

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date