

AUTOMATIC DRAFT AUTHORIZATION FORM		
ENROLL	CHANGE	

CUSTOMER INFORMATION

NAME:
ACCOUNT No:
E-MAIL ADDRESS:
PHONE NO:

CHECKING ACCOUNT ONLY

Please attach a voided check

I certify that the information above is correct, that I am an authorized signer of the account provided, and that I authorize Rockett Special Utility District to draft the account above for the payment of monthly water service.

Please draft my account on the due date of each month beginning in:

PRINT NAME

AUTHORIZED SIGNATURE

DATE

FOR OFFICE USE ONLY			
RECEIVED: FAX / IN PERSON / MAIL	PROCESSED BY:		
RECEIVED BY:	PROCESSED DATE:		
RECEIVED DATE:	DRAFT PACKET MAINTENANCE:		