

ROOSEVELT COUNTY WATER COOPERATIVE, INC.
1700 S AVENUE D
PORTALES, NM 88130
(575)356-6808

DRAFTS COME OUT ON THE 12TH OF EVERY MONTH

Utility Account No. _____

Customer Name _____

Service Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Bank Name _____

Bank Address _____

City _____ State _____ Zip Code _____

Checking Account No _____

Routing Number _____

Bank Draft Authorization

I hereby authorize Roosevelt County Water Cooperative to draft my checking account for payment of my monthly water bill. I understand this authority shall remain in full force and effect until written notification of termination is received from me and the Roosevelt County

Water Cooperative has a reasonable opportunity to process my cancellation request. I understand that nothing contained in this Authorization shall serve to reduce my obligation to pay my utility bill and that services may be disconnected should I fail to have sufficient funds in my designated account to cover the amount of the bill. The attached voided check represents the account that is to be drafted.

X _____ Date _____

I acknowledge that if my deposit was waived by putting my account on draft, and my draft returns, I agree to pay the deposit and any fees incurred by that return.