

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

Bank Draft Authorization

Utility Account No. _____
Customer Name _____
Service Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Bank Name _____
Bank Address _____
City _____ State _____ Zip _____
Checking Account No. _____
Routing No. _____

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.

Signed: _____ Date: _____