

CITY OF SHALLOWATER

TELEPHONE 832-4521 *PO BOX 246* SHALLOWATER, TX 79363

AUTHORITY TO DRAFT:

TO THE PEOPLES BANK OF SHALLOWATER TX.

You are hereby authorized to charge to my account and pay draft drawn by the City of Shallowater each month in payment of my account to said City of Shallowater for the proceeding month for utility service, provided that the amount of said draft is in each instance deposited by you to the account of the City of Shallowater.

This the _____ day of _____, 20_____.

Signed: _____

Bank Name: _____

Account Number: _____

Bank Routing Number: _____

DO NOT WRITE BELOW THIS LINE:

Date Entered: _____

Water Account Number: _____