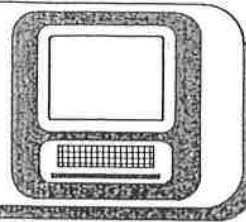


**AUTOMATIC
BANK DRAFT
AUTHORIZATION**



AUTHORIZATION TO PAY WATER BILLS

COMPLETE THIS FORM AND RETURN TO
GRAND PRAIRIE REGIONAL WATER DISTRIBUTION DISTRICT

GRAND PRAIRIE REGIONAL WATER DISTRIBUTION DISTRICT

CUSTOMER ACCOUNT NUMBER

(AS LISTED ON YOUR MONTHLY BILL) _____

YOUR NAME (as shown
on above account) _____

ADDRESS _____

CITY _____ STATE _____

PHONE _____ ZIP CODE _____

NAME and ADDRESS of _____
CUSTOMER'S BANK or
SAVINGS and LOAN _____

CHECKING ACCOUNT NUMBER _____

OR

~~SAVINGS ACCOUNT NUMBER~~ N/A

I authorize you to deduct from my checking or savings account the amount of my monthly water bill and to make that deduction payable to Grand Prairie Regional Water Distribution District. I agree to all the terms on the reverse side of this application.

Be sure to include a voided check or deposit slip.

SIGNATURE _____ DATE _____

NOTE: IMPORTANT INFORMATION ON REVERSE SIDE.

Please Attach a voided Check