



Reddell Vidrine Water District

5114 Vidrine Road

Ville Platte, La. 70586

337-363-7223 OFFICE

337-655-6066 OFFICE CELL

reddell.vidrine7223@gmail.com EMAIL



Automatic Draft Authorization

Name: _____ Account No. (_____)

Address of Service: _____

City: _____ State: _____ Zip: _____

Financial Information

Financial Institution: _____

Bank Routing Number: _____ Account Number: _____

I am authorizing **Reddell Vidrine Water District** to withdraw my monthly water bill from the account listed above between the 1st and 5th of each month. This authority will remain in effect until Reddell Vidrine Water District is informed of termination of draft authorization. I will give **fifteen** days notice **in writing** before terminating this service.

I understand there will be a **\$50** charge for any automatic draft returned from my account.

Signature

Date

When you receive your monthly bill, in the lower left box it will be marked "**DRAFT**". If you accidently pay this bill any other way, your account will be credited.

Voided Check