



Reddell Vidrine Water District

5114 Vidrine Road

Ville Platte, La. 70586

337-363-7223 OFFICE

337-363-3228 FAX

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 12th and 15th of each month. This authority will remain in effect until Reddell Vidrine Water District is informed of termination of draft authorization and I will give **fifteen** days notice in writing before terminating this service.

I understand there will be a **\$25** charge for any automatic draft returned from my account and an additional **\$7** bank fee will also be added to my account.

Signature

Date

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

