



Auto-Pay Application

Please Circle One: **NEW** **CANCEL** **CHANGE**

Please FAX, MAIL or DROP OFF the completed form to:

Please allow at least 15 days to process the application. If your account is due within 15 days, please make your payment to ensure no interruption of service and no late penalties.

CLWSC
PO BOX 1742
Canyon Lake, TX 78133

Fax No: 830-964-2779

Customer information

CLWSC Account Number _____
First Name: _____ Last Name: _____
Service Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone # _____ Alternate Phone # _____
Email address: _____

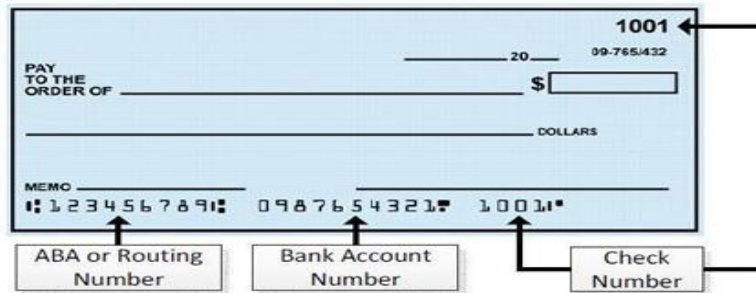
I AUTHORIZE CANYON LAKE WATER SERVICE COMPANY TO CHARGE MY BANK ACCOUNT FOR PAYMENT ON THE ABOVE WATER SERVICE ACCOUNT.

Name as printed on check (Please Print): _____
(Name Shown on Check)

Bank Account Authorized Signature: _____
Date: _____

ACH / Bank Draft Payment

Bank Account Type: (Circle One) Checking Savings
Routing No: _____ Bank Account No: _____



FOR CLWSC OFFICE USE ONLY

Date Received: _____ CLWSC Customer Service Representative
Book No. _____ Subdivison: _____
Billing / AP Cycle: (Circle One) AP1 AP2 Initials: _____
Date Entered Kubra: _____ Date Entered InHance: _____

Last Name: