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Stop Draft Form for Checking Account

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED MEADE COUNTY WATER DISTRICT PAYMENTS

AUTHORIZATION: By signing below, I authorize the Meade County Water District to **STOP DRAFT** on my Checking/Savings. For the Meade County Water District customer account shown below. I understand that I am still responsible for my bill each month.

Date: _____

Account Holder's Name: _____

(Print)

MCWD Account

Number: _____

Account Holder's Signature: _____

Water Service Address: _____

Telephone Number: _____