



**HILCO UNITED SERVICES - H₂O
CONSUMER DRAFT AUTHORIZATION FORM**

Name(s): _____
(As it appears on your bill)

Home Phone: () _____ Business Phone: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

HILCO United Services Account Numbers to Be Paid By Draft

Bank or Savings and Loan: _____

City: _____ State: _____

Name(s): _____

(As it appears on your Bank or Savings and Loan account)

Checking or Savings Account Number: _____

Checking or Savings Routing Number: _____

I authorize the Bank or Savings and Loan named above to pay my monthly HILCO United Services bill and to deduct each payment from my checking/savings account. This authority is to remain in effect until revoked by me in writing. I agree that each payment shall be the same as a check personally signed by me. I have the right to stop payment of a charge by timely notification to my Bank or Savings and Loan and HILCO United Services reserves the right to terminate this draft service (or my participation therein)

This form must be signed and returned to HILCO United Services a minimum of 15 days prior to the next bill due date in order for the draft to be effective for the current bill. If it is received less than 15 days prior to the current bill due date, the draft will not be effective until the next month's bill due date.

SIGNATURE: _____

Please sign and include this form with your check payment, or attach a voided personal check

Mail to: HILCO United Services, Inc.
Attention: Consumer Drafts
P.O. Box 26, Itasca, TX 76055-0127

HUS OFFICE USE ONLY

Customer Number: _____ Date of Bill: _____

Consumer Bank A/C Number _____

Bank Routing Transit Number _____

Date of Draft _____ Completed By _____ Letter Mailed _____

Bank Code _____ Levelized _____