



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

Name(s): \_\_\_\_\_  
(As it appears on your bill)

Home Phone:( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number(s) to be Paid by Draft: \_\_\_\_\_

Bank or Savings and Loan Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

**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

**ATTACH VOIDED CHECK HERE**

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**HILCO OFFICE USE ONLY**

Completed By \_\_\_\_\_

Date: \_\_\_\_\_