



HILCO 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 bill)

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)

SIGNATURE: _____

Please include this form with your check payment, or enclose 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 _____