



\*\*\*\*\*Residential Utility Service Application\*\*\*\*\*

Water / Trash & Recycle / Sewer Services

A valid US Driver's License or Approved Picture ID and Social Security Number is required.

**\*DEPOSIT IS REQUIRED\***

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

If you have previously lived in Woodway please list the address below:

\_\_\_\_\_

Please Check One: Renting      Owning

Service Start Date: \_\_\_\_\_

First Name/ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address To Send Bills: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Secondary Contact Phone Number: \_\_\_\_\_

Secondary Contact Email Address: \_\_\_\_\_

Would you like your account to be kept confidential: Yes      No

Would you like your bill to be emailed to you? \*Yes      No

\*If you select yes, a bill will **NOT** be delivered by U.S. Mail.

The City of Woodway offers a complimentary recycle container.

Would you be interested in a 96 gallon rolling cart for recycle? Yes      No

Would you like to sign up for bank draft? \*Yes      No

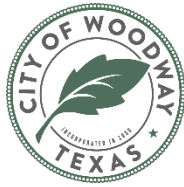
\*If yes, please fill out **Bank Draft Authorization Form** below and send a voided check and submit with this application.

Hours: Monday – Friday 8am – 5pm

Phone: 254.772.4480

Please email this form and a clear copy of your driver's license to:

[customerservice@woodwaytexas.gov](mailto:customerservice@woodwaytexas.gov)



## Authorization Agreement for Bank Draft

I (we) hereby authorize the **City of Woodway**, hereinafter called **City**, to initiate debit entries to my (our) checking account indicated below. The depository financial institution (i.e. bank, credit union, savings & loan) named below, hereinafter called **Bank**, will receive and debit same entries to my (our) account. This authority is to remain in full force and effect until **City** and **Bank** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **City** and **Bank** a reasonable opportunity to act on it.

Name(s): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Last Four of Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

Please note that this will go into effect Immediately. All bills paid via bank draft will state

“\*\*\*Paid By Draft\*\*\*” in the box for amount due. We hope this proves to be a beneficial payment method for you. Should you have any questions please feel free to call the Woodway Customer Service Department at (254)772-4480.

(Please attach a voided check or documentation from your bank showing your routing and account number for the indicated account.)