RECURRING CHECKING/ SAVINGS DEBIT AUTHORIZATION FORM

Please fill out the authorization below. You will continue to receive a water bill each month. Your account will be charged on or before the 20th of each month. This saves time, fewer checks, no postage, no late fees your payment is always on time!

This helps you maintain good credit while keeping your commitment in a convenient way.

Please selec	ct one payment method	1		
		Checking	Savings	
Name on Acct.				
Bank Name				
Bank Routing #				
Account Number	·#			-
Bank Branch City	y/State			_
DL#	State	DOB	or SS#	
E-Mail				_
Cell/Text Phone	Number			
Owner	Tenant	Other please list	New A	ccount

I authorize Coryell City Water Supply District to initiate variable monthly debit entries to my bank account. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Coryell City Water Supply in writing of any changes in my account information or termination of this authorization as soon as possible. I understand any changes may not take effect until the next billing cycle. If the above noted payment date falls on a weekend or holiday, I understand that the payments may be executed on the business day prior. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that I will be charged a Non-Sufficient Funds fee of \$50 in addition to the returned amount. I understand that I will be charged this fee each time a transaction is returned. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form. I understand that it is my responsibility to review my bill every month in case of discrepancies, prior to the 15th. I will promptly contact the relevant parties for resolution.

Water Account Number:		
Set up via phone		
Signature:	_ Date:	
Coryell City Water Supply		

Phone: 254-865-6089 Fax: 254-865-0148