EAST CEDAR CREEK FRESH WATER SUPPLY DISTRICT
P.O. Box 309 Mabank, TX 75147 903.887.7103 FAX.887.4299

East Cedar Creek FWSD
AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize East Cedar Creek Fresh Water Supply District, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUION, to debit the same to such account.

_____ _____

Financial Institution Name Branch

_____ _____ _____

Address City, State Zip Code

_____ _____

Routing Number Account Number

Type of Account: _____ Checking _____ Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

ECCFWSD Billing Account #: _____

_____ _____

Print Individual Name Print Individual ID Number

_____ _____

Signature Date

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM!