

**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 INSTITUTION, 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 #: _____

Customer Service Address: _____

Customer Contact #: _____

Print Individual Name Print DL/ID Number

Signature Date

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