

DEBIT AUTHORIZATION

I (we) hereby authorize EAST MONTGOMERY UTILITY DISTRICT, hereinafter called UTILITY, to initiate 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 for the water bill. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution

Branch

Address/City, State, Zip

Routing Number

Account Number

Type of Account: _____ Checking _____ Savings

Amount of debit will be determined by the monthly water usage.

Start Date (if recurring) _____

MONTHLY DRAFT DATE WILL BE THE 10th OF EACH MONTH

If the 10th falls on a non-banking day, the debit will draft your account on the next banking day and will not draft your account prior to the authorized date.

(Note: For varying amounts the company must send, based on the *NACHA Operating Rules*, written notification of the amount and the date on or after which the transfer will be debited at least ten calendar days in advance of the debit. If the date varies, the *Rules* state that the Originator must send the Receiver notification of new date at least seven calendar days in advance of the debit.)

This authorization is to remain in full force and effect until UTILITY has received verbal or written notification from me (or either of us) of its termination in such time and manner as to afford UTILITY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. **CUSTOMER MUST GIVE UTILITY A 15 DAY NOTICE FOR CHANGES OR TERMINATION.** If payment is returned unpaid, a \$30.00 return fee will apply.

Print Name

Customer Account #

Signature

Date

PLEASE INCLUDE A VOIDED CHECK OR BANK VERIFICATION FOR ROUTING AND ACCOUNT NUMBER

Revised Oct/2014