

**EAST FORK SPECIAL UTILITY DISTRICT  
1355 TROY RD.  
WYLIE, TX 75098  
972-442-7572 OFFICE 972-442-9215 FAX**

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

Company Name: **EAST FORK SPECIAL UTILITY DISTRICT**

I (we) hereby authorize **EAST FORK SPECIAL UTILITY DISTRICT**, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/Savings Account (select one) indicated below at the depository financial institution named below, hereafter called BANK, and if necessary, initiate adjustments for any transactions debited in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account # \_\_\_\_\_

This authorization 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 in such manner to afford COMPANY and BANK a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_ ID # \_\_\_\_\_  
(Please Print)

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

PLEASE NOTE: A VOIDED CHECK MUST BE ATTACHED WITH THIS FORM IN ORDER TO BE PROCESSED.

**NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**