

Four Way Special Utility District

411 North Main Street, Huntington TX, 75949-8420

phone: 936.422.4188
fax: 936.876.4012
email: fourwaywater@windstream.net
fourwaywater.com

ACH BANK DRAFT AUTHORIZATION FORM

Customer Name: _____

Customer # _____

Address: _____

DEPOSITORY:

Bank Name _____

Branch _____

City _____ State _____

Zip _____

Bank Routing / ABA # _____

Customer's Bank Acct # _____

Select One Checking Savings

I hereby authorize Four Way Special Utility District, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated above at the depository financial institution named above, hereinafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the United States Law.

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. **To stop a draft the termination must be received after processing (typically the 15th) and before the end of the month.**

Customer Signature _____

Date _____

Four Way SUD
Representative _____

Date _____

PLEASE RETURN THIS FORM ALONG WITH A VOIDED CHECK

