

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name Starr-Iva Water & Sewer District Company ID 1570553282

I (we) hereby authorize Starr-Iva Water & Sewer District hereinafter called, COMPANY, to initiate debit entries to my (our) Checking Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the organization of ACH transactions to my (our) account must comply with the provision of U.S. law.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

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

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

This authorization is to remain in full force and effect until COMPANY has received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I understand that a \$35.00 fee will be charged to my account for each draft returned for non-sufficient funds. If two (2) drafts are returned for non-sufficient fund, I will be terminated from the plan.

Name(s) \_\_\_\_\_ ID/Account # \_\_\_\_\_

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

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

The customer holds all responsibility to inform our company whenever he/she wants to discontinue the service.

**\*\*\*Please attach a voided check to this form\*\*\***