

Texarkana Water Utilities
Authorization Agreement for ACH Debits

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Account #	Customer #		
<hr/>			
Name	Phone		
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Address	City	State	Zip

I (we) authorize Texarkana Water Utilities, hereinafter called the Water Utilities, to initiate debit entries to my (our) account indicated below at the financial institution named below, hereinafter called the Financial Institution, according to the terms of my (our) deposit agreement, and to apply (credit) those funds in payment of my utility bill referenced above. The Water Utility is also authorized to make any correcting entries to the referenced accounts.

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Financial Institution Name			
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Address	City	State	Zip
<hr/>		Checking	Savings
Routing Number	Account Number		

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Financial Institution Contact Name	Telephone

I (we) understand that in the event the above-referenced account does not have enough funds available to make payment on this account, I (we) will be fully responsible for that payment. I (we) also understand that the Water Utilities will automatically revoke this authorization after two debit entries have been returned to the Water Utilities due to the above-referenced account not having enough available funds to make payment on this account and I (we) will be fully responsible for payment as stated on the deposit agreement.

This authority is to remain in full force and effect until the Water Utilities has received written notification from me (or either of us) of its termination (unless automatically revoked by the Water Utilities) in such time and manner as to afford the Water Utilities and the Financial Institution a reasonable opportunity to act on it.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

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Printed Name	Driver's License #
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Customer Signature	Date

NOTE: A VOIDED CHECK OR DEPOSIT SLIP MUST BE ATTACHED TO THIS AUTHORIZATION!!