

**BANK DRAFT AUTHORIZATION FORM**

**1. Authorization :**

I, \_\_\_\_\_ hereby authorize Parker County Special Utility District, hereinafter referred to as PCSUD, through its financial institution, to implement a direct payment procedure for water service fees, through ACH (Automated Clearing House) debit entries initiated by PCSUD to be debited against the bank account indicated below. Such ACH debit shall be made on a monthly basis and in lieu of the physical mailing of the customer's payment.

**2. Bank Account :**

(select one) \_\_\_\_\_ Checking Account \_\_\_\_\_ Savings Account

Bank Name: \_\_\_\_\_

Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**3. Water Service Account :**

Name On PCSUD Account: \_\_\_\_\_ Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

*E-Mail Address:* \_\_\_\_\_

**4. Termination of Authorization:**

This authorization is to remain in full force and effect until PCSUD has received written notice of termination. The termination may be effective up to two weeks after PCSUD receives the written notice.

**5. Authorization:**

Name: (please print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**A VOIDED CHECK MUST ACCOMPANY THIS FORM**

Attach Check  
Here



\*\*Note: You will continue to receive your water bill each month by mail. Your full payment will be drafted on the due date or the following work day if the due date falls on a weekend or holiday.