

KINGSLAND WATER SUPPLY CORPORATION

1422 West Drive
Office: (325) 388-6611

PO Box 73
Fax: (325) 388-6135

Kingsland, Texas 78639
Email: kwscmail@kingslandwater.org

Dear Member:

The Authorization Agreement below is being provided for you should you decide to take advantage of the convenience of the ACH system. In addition to the information request on the Authorization Agreement, please provide the phone number of your bank in the event that further verification is required. The Authorization Agreement may be returned to the Kingsland Water Supply Corporation at least fifteen (15) days prior to the first payment date in order to have the payment established and to begin using the ACH system.

VOIDED CHECK OR CHECK COPY MUST BE ATTACHED

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Company Name: Kingsland Water Supply Corporation

I (we) hereby authorize **Kingsland Water Supply Corporation**, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account.

BANK'S NAME: _____

BANK'S ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ROUTING NUMBER: _____ **ACCOUNT #:** _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to respond.

NAME(S): _____ **WATER A/C #:** _____

TELEPHONE: _____ **EMAIL:** _____

DATE: _____ **SIGNED:** _____