

**Polk County Fresh Water Supply District #2**

P.O. BOX 2250

Onalaska, TX 77360-2250

(936) 646-5977 Fax (936) 646-7044

**Debit Authorization**

I (we) hereby authorize Polk County Fresh Water Supply District #2, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to each account for (application). I, (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
Financial Institution Name \_\_\_\_\_  
Branch

\_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_  
Zip Code

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

Type of Account:  Checking  Savings

This authority is to remain in full force and effect until Polk County Fresh Water Supply District #2 has received **written** notification from me (or either of us) of its termination in such time and manner as to afford Polk County Fresh Water Supply District #2 and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

District Account No: \_\_\_\_\_

Date to begin ACH Draft: \_\_\_\_\_  
\_\_\_\_\_  
Customer's Initials

Date customer requests to stop ACH Draft: \_\_\_\_\_  
\_\_\_\_\_  
Employee's Initials

\_\_\_\_\_  
Print Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Date

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM  
ACH PAYMENTS ARE DRAFTED  
ON THE 5<sup>TH</sup> OF EVERY MONTH**