

Frognot Special Utility District

408 W. FM 545, Suite 3

P.O. Box 400

Blue Ridge, TX 75424

**AUTHORIZATION AGREEMENT
FOR DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize FROGNOT SPECIAL UTILITY DISTRICT to initiate debit entries to transfer funds (on the first of every month) from my (our) *Select One*:

Checking Account Savings Account

Indicated below at the depository financial institution names below ("DEPOSITORY"). I (we) agree that ACH transactions authorized herein shall comply with all applicable U.S. laws:

Bank Depository Name _____

Routing Number _____ Account Number _____

This authorization shall remain in full force and effect until FROGNOT SPECIAL UTILITY DISTRICT has received notification from me (or either of us) of its termination (_____).

Name(s) _____

Email Address _____

Date _____ Signature(s) _____

NOTES:

Written notification must be received in writing with date and signature to stop ACH payments ten days prior to payment processing date (1st day of each month. Send written notification (signed and dated) to:

Frognot Special Utility District

P.O. Box 400

Blue Ridge, TX 75424

Please Attach Voided Check Here