

CROCKETT COUNTY WATER CONTROL and IMPROVEMENT DISTRICT No. 1 DEBIT AUTHORIZATION

The authorization form below gives CROCKETT COUNTY WATER CONTROL & IMPROVEMENT DISTRICT NO. 1 and your financial institution the authority to debit your account.

1. Mark the account type box to indicate whether your payment should be debited from your checking or savings account.
2. Fill in the name and location of your financial institution, date, printed name and signature.
3. Attach a voided check or deposit slip for verification of all financial institution information.
If you are unable to attach a voided check or deposit slip, please fill in the transit/routing and account number.
4. Fill in your Crockett County Water Control account number.

CUSTOMER DEBIT AUTHORIZATION

Please attach a voided check or deposit slip, fill out and return to the **Crockett County Water Control & Improvement District No. 1 office.**

I authorize **Crockett County Water Control** and the financial institution listed below to initiate electronic debit entries, and if necessary, credit entries and adjustments for any entries which were done in error to my account. The electronic debit will be made on the 10th of each month unless the 10th falls on a weekend, then the debit will be made on the next working day after the 10th. **This authority will remain in effect, until I cancel it in writing.**

Checking Savings

Financial Institution

Date

City, State

Printed Name

Account Number at Financial Institution

Signature

Transit/ Routing (ABA) Number

Crockett County Water Control Account Number

Please cancel the Debit Authorization effective _____.

Signature

Printed Name

Account Closed effective _____, Debit Authorization cancelled.

District Representative

Printed Name