214 SANTA ANNA AVE.
COLEMAN, TX 76834
(325) 625-2133

Authorization for Direct Payments via ACH

Authorization for Direct Payments via ACH

I (we) authorize ~~COLEMAN COUNTY SUD~~ (Company) to directly debit/credit my (our) account per the agreed upon terms entailed below, including directly debiting/crediting my (our) account for any erroneous entries made in error.

Transaction Type

Entry Type: ☑ Debit(s) ☐ Credit(s)

SEC Code: ☑ PPD (Consumer Accounts) ☐ CCD (Corporate Accounts)

Transaction Frequency

☐ Single Entry (One-Time) ☑ Recurring Entries (Occurring Regularly)

☐ Subsequent Entries (Standing Authorization Terms that May Vary)

Account Information

Account Type: ◉ Checking Account (Tran-Code 27) ○ Savings Account (Tran-Code 37)

Bank Name: _____

ACH Routing Number: _____ **Account Number:** _____

Amount of Debit(s) or Method and/or Acceptable Range Authorized: **MONTHLY BILLED AMOUNT**

Start Date: _____ **and/or Debit Frequency:** **MONTHLY**

Revocation

The Receiver may revoke this Authorization at any time by giving **30 DAY** notice in writing to ~~COLEMAN COUNTY SUD~~ (Company). For a Single Entry (One-Time) Authorization, sufficient time to afford the Originator a reasonable amount of time to act is required.

This Authorization will remain in full force and effect until cancelled by the Originator, ~~COLEMAN COUNTY SUD~~ (Company) or the Receiver, _____, as required above.

Authorization

Receiver Name(s) (Printed): _____

Signature(s): _____ **Date:** _____