



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

Authorization for Direct Payments via ACH

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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: <input checked="" type="checkbox"/> Debit(s) <input type="checkbox"/> Credit(s)	SEC Code: <input checked="" type="checkbox"/> PPD (Consumer Accounts) <input type="checkbox"/> CCD (Corporate Accounts)
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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)

Depository Name: _____

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

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

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: _____