

FLO COMMUNITY WATER SUPPLY CORPORATION

13934 FM 1511, Buffalo, TX 75831
903-322-4134 (phone) ~ 903-322-1778 (fax)
www.flocommunitywater.org

AUTOMATIC PAYMENT AUTHORIZATION

I (we) hereby authorize **Flo Community Water Supply Corporation**, to initiate debit entries by electronic means to my checking or savings account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization shall remain in full force and effect until Flo Community Water Supply Corporation has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Flo Community Water Supply Corporation and the bank stated below a reasonable opportunity to act on it.

Cancelation notice must be given at least 15 days prior to the monthly auto draft. If cancelation notice is not received within 15 days of the 10th of the month, the month will be automatically drafted as stated above.

Name (Print)

Water Account Number

Mailing Address

Bank Name

City/State/Zip

Bank Routing Number (always 9 digits)

Phone Number

Bank Account Number

Signature

Please select one: [] Checking OR [] Savings

Date

***** PLEASE INCLUDE A VOIDED CHECK *****

Flo Community WSC reserves the right to process drafts electronically, at first presentment and any re-presentments, if any, by transmitting the amount of the check, routing number, account number and check serial number to your financial institution. Your checking account may be debited as soon as the same day as authorized above. If we cannot collect the funds electronically at first presentment, your account will be charged a \$30.00 return check fee.

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Employee Name: _____ **Date Received:** _____

Employee Name: _____ **Date Canceled:** _____