



## CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Webb Creek Utility District (WCUD) to initiate entries to my Checking Account at the FINANCIAL INSTITUTION listed below or Credit Card listed below and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until WCUD is notified by me (us) in writing to cancel it in such time as to afford WCUD and the FINANCIAL INSTITUTION a reasonable opportunity to act on it.

WCUD Customer Name	Customer Address (Street Address, City, State, ZIP)	
Email Address	Primary Phone Number	WCUD Account Number

### For ACH Checking Account Processing

FINANCIAL INSTITUTION Name	FINANCIAL INSTITUTION Address (Branch, Street Address, City, State, ZIP)	
FINANCIAL INSTITUTION ABA Routing #	FINANCIAL INSTITUTION Checking Acct #	

### For Credit Card Processing

Credit Card Number	Expiration Date (mm/yyyy) ____ / ____	Security Code
Name on Credit Card	Credit Card Billing Address (Street Address, City, State, ZIP)	

*Don't forget to sign below.*

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(Signature) (Date)

**\*FOR ACH CHECKING ACCOUNT PROCESSING, PLEASE ATTACH A VOIDED CHECK TO THIS APPLICATION AND RETURN BY MAIL**