



CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Webb Creek Utility District (WCUD) to initiate entries to my checking/savings accounts at the FINANCIAL INSTITUTION 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.

(Name of FINANCIAL INSTITUTION)

(Address of FINANCIAL INSTITUTION - Branch, City, State & Zip)

(FINANCIAL INSTITUTION Checking Account Number)

(FINANCIAL INSTITUTION ACH Routing Number)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

(Telephone Number)

(WCUD Customer Account Number)

(Signature)

(Date)

***PLEASE ATTACH A VOIDED CHECK TO THIS APPLICATION AND RETURN BY MAIL**