



Baca Grande Water & Sanitation District

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www.bacawater.com Email: info@bacawater.com

Date: _____

New Request

Updated Information

ACCOUNT HOLDERS PERSONAL INFORMATION:

Print Your Name: _____

Your Phone Number: _____

Your Mailing Address: _____

Your Service Address: _____

Your Baca Grande Water & Sanitation District Account Number: _____

BANK INFORMATION:

Bank Name: _____

Branch: _____

City: _____

State: _____ Zip: _____

Routing Number: _____

Account Number: _____

I (we) hereby authorize the Baca Grande Water & Sanitation District, hereinafter called COMPANY, to initiate debit entries to my (our) checking account savings account (select one) indicated above at the depository financial institution (bank) named above, hereafter 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 is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NOTE:

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

Signature: _____