

SOUTH ELLIS COUNTY WATER SUPPLY CORPORATION
PO BOX 348
ITALY, TX 76651

**AUTOMATIC BANK DRAFT AUTHORIZATION
(ACH DEBITS)**

NAME: _____ **SECWSC ACCOUNT #** _____

I (we) hereby authorize, South Ellis County Water Supply Corporation to initiate credit entries to my/our _____ checking account / _____ savings account (select one) indicated below at the depositor/ financial institution named below, hereinafter call depository, and to credit the same to such account. I/we acknowledge that the origination of the ACH transactions to my/our account must comply with the provisions of U.S. law.

Bank Name _____

Name(s) on Bank Account _____

Routing Number _____ **State** _____

Account Number _____

Alternate payment options available (if needed). Notify the SECW office prior to the 10th of the month.

SECWSC reserves the right to cancel Automatic Bank Drafts (ACH Debits) due to insufficient funds.

This authority is to remain in full force and effect until South Ellis County Water Supply Corporation has received written notification from me (or us) of its termination in such time and in such manner as to afford SECWSC and the Bank a reasonable opportunity to act on it.

ALL WRITTEN CREDIT AUTHORIZATION MUST PROVIDE THAT THE RECIEVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED.

Print Name: _____

Signature: _____

Date: _____

**YOUR ACCOUNT WILL BE DEBITED ON THE 15TH OR THE NEXT
BUSINESS DAY AFTER THE HOLIDAY OR WEEKEND.**

LATEST REVISION | 10/28/2021

"This institution is an equal opportunity provider and employer."