Quail Creek Municipal Utility District

515 Chukar Dr,Victoria, TX 77905

ACH Bank Draft Payments Sign-Up Form

CUSTOMER INFORMATION

Name: _____

Account No: _____ **Address:** _____

E-mail Address: _____

Phone No: _____

FINANCIAL INSTITUTION INFORMATION

Bank Name: _____

Bank Routing/Transit No: _____

Name on Account: _____

Account Type (check one): ☐ CHECKING ☐ SAVINGS

Account No: _____

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.

I authorize Quail Creek to deduct my utility payments from this bank account via Electronic Fund Transfer. I understand sending a written notification to Quail Creek will revoke this authorization.

Amounts of debit(s) or method of determining amount of debit(s): Amount of current utility bill (does not include past due amount.)

Date(s) and/or frequency of debit(s): 15th of every month or next business day if the 15th is on a weekend or holiday.

Quail Creek reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice.

_____

Print Authorized Name

_____

Authorized Signature Date