

**AUTHORIZATION AGREEMENT  
FOR  
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize Quail Creek MUD hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error, to my (our) account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit and / or credit 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.

**Electronic account information must be verified with your Financial Institution and/or attach a voided check and/or provide an account verification form from your Financial Institution.**

Depository Financial Institution \_\_\_\_\_

Checking    or     Savings

Routing Number \_\_\_\_\_  
(For Electronic Transactions)

Account Number \_\_\_\_\_

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): 15<sup>th</sup> of every month or next business day if the 15<sup>th</sup> is on a weekend or holiday.

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY by email, phone or in person that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least two week prior notice in order to cancel this authorization.

Name(s) \_\_\_\_\_

Authorized Account Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

**Requirements:**

Company and Account Holder must retain a copy of this Agreement for two years past the last transfer date.