



Authorization Form

I hereby authorize County Line Special Utility District, hereinafter called CLSUD, to initiate debit entries to my checking account indicated below at the depository financial institution named below and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law.

I authorize CLSUD to withdrawal the amount of my bill on the 15th of each month. If the 15th falls on a weekend, the withdrawal will be on Monday. No late fees will be applied.

Name _____
(Please write your name exactly as it appears with your bank)

Financial Institution Name _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until CLSUD has received written notification from me of its termination. To end authorization CLSUD must receive written notification before the 10th of the month.

CLSUD Account Number _____

CLSUD Customer Name _____

Phone #: _____ Email: _____

Signature: _____ Date: _____

Note:

If you elect to be reminded thru email, the subject line says Collection Notification.

Do not email this form containing sensitive financial information.

Return form to:

County Line Special Utility District
8870 Camino Real
Uhland, TX 78640