

FORT GRIFFIN SPECIAL UTILITY DISTRICT

1180 C.R. 109
Albany, TX 76430

BANK DRAFT AUTHORIZATION FORM

I, _____, account number _____ hereby authorize Fort Griffin Special Utility District to draft charges for my water bill from my bank account with:

BANK NAME: _____ BANK PHONE NUMBER: _____

BANK CITY: _____ STATE _____ ZIPCODE _____

BANK ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

CHECKING ACCOUNT SAVINGS ACCOUNT

Maximum Amount FGSUD is authorized to draft \$ _____

(NOTE: Draft will always be for amount of bill. In case of leak or improper reading, draft will not process if exceeds stated amount.)

Draft will be processed monthly (between the 3rd and 5th) for the current balance on account with Fort Griffin Special Utility District. It is understood and agreed that drafts are processed by Fort Griffin SUD for my convenience and may be cancelled at any time upon written request.

Customer Signature

Date

Phone Number

