

STURDIVANT PROGRESS WSC  
241 VILLAGE BEND RD  
MINERAL WELLS TX 76067  
940-325-6020 FAX 940-325-3424

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: Sturdivant Progress WSC

Company ID Number: 80806463

I (we) hereby authorize Sturdivant Progress WSC, hereafter called COMPANY, to initiate debt entries to my (our)  Checking Account /  Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit 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.

Depository (Bank)

Name \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Routing

Account

Number \_\_\_\_\_

Number \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it (3 day notice)

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

Email \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

NOTE: ALL WRITTEN DEBT AUTHORIZATION **MUST** PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANER SPECIFIED IN THE AUTHORIZATION

Authority is hereby given to Sturdivant Progress Water Supply Corporation to draw drafts against my account **on the 3<sup>rd</sup> of each month** in payment of my water bill. You are authorized to pay such drafts when so drawn and presented for payment until this authority is revoked.

BEGINNING DATE: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

CUSTOMER ACCT NO at SPWSC: # \_\_\_\_\_

Please return this form to our office (in person, by mail, or in the night drop) along with a voided check