

# Denton County Fresh Water Supply District #10

724 Savannah Boulevard,  
Savannah, Tx 76227  
(972) 382-3345

## Authorization Agreement for Automatic Bank Drafts (ACH Debits)

**Please send a voided check with this form.** Once completed, email form and copy of voided check to [ub-artesia@celina-tx.gov](mailto:ub-artesia@celina-tx.gov) if service is already established. **If new service please turn in with application.**

Denton County Fresh Water Supply District #10 is hereby authorized to draft my bank account **on the due date** of each month for my monthly water utility bill. I authorize my financial institution indicated below to debit such amounts from my bank account. I understand that my account will be paid by draft until such time as I provide written notification to DCFWSD #10 to cancel this authorization.

### Please complete the information below:

I \_\_\_\_\_ authorize **DCFWS #10** to draft my bank account as  
(full name)

indicated below on the due date of each month (the 5<sup>th</sup>) for payment of my water utility bill.

Service Address \_\_\_\_\_

Phone# \_\_\_\_\_

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

Name \_\_\_\_\_

### Checking/ Savings Account

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____
Bank Name	_____
Account Number	_____
Bank Routing #	_____
Bank City/State	_____

Change Existing Bank Information

Please note that you will continue to receive a monthly statement. The statement will show your current bill with "DRAFT" printed under the amount due.



SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Please send a voided check with this form.** Once completed, email form and copy of voided check to [ub-artesia@celina-tx.gov](mailto:ub-artesia@celina-tx.gov)

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify DCFWSD #10 in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that DCFWSD #10 may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be applied to my water utility account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.