

WEST GREGG SPECIAL UTILITY DISTRICT  
P.O. BOX 1196  
KILGORE, TX. 75663  
903-983-1816, FAX 903-984-0707

**AUTHORIZATION FOR FINANCIAL INSTITUTION DRAFT**

I, the undersigned, do authorize the financial institution listed below to pay my monthly West Gregg Special Utility District bill and to deduct each payment from my checking/savings account. I agree that each payment will have the same effect as a check personally signed by me. This authority will remain in effect until I notify West Gregg Special Utility district, in writing thereof.

I have the right to stop payment of a charge by timely notification to my financial institution prior to their charging my account. I understand that if three (3) payments are rejected by my financial institution within twelve (12) months due to insufficient funds in my account, West Gregg Special Utility District will automatically terminate my participation in this automatic draft service. In addition, a handling charge of twenty five (\$25.00) will be made for any payment rejected.

I understand that the ACH draft will be drawn on my financial institution no sooner than fifteen (15) days following the billing date. I also understand that either the financial institution or West Gregg Special Utility District reserves the right to terminate this ACH draft service (or my participation therein) at any time by giving me written notice thereof.

**TO BEGIN THIS PROGRAM PLEASE PROVIDE US WITH A VOIDED CHECK**

\_\_\_\_\_  
Print Exact Name (as it appears on bill)

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

\_\_\_\_\_  
Account # at West Gregg SUD

\_\_\_\_\_  
Account # at Financial Institution

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

\_\_\_\_\_  
Routing Number to Bank

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

\_\_\_\_\_  
Customer Signature

**\*\*Note\*\***

UNTIL WE HAVE SET UP WITH OUR BANK AND BILLING PROGRAM, PLEASE CONTINUE TO PAY YOUR BILL UNTIL YOU SEE THE WORDS "YOUR ACCOUNT WILL BE DRAFTED" ON YOUR BILL.

Thank you,  
West Gregg SUD