

**HORTON HIGHWAY UTILITY DISTRICT
DEBIT AUTHORIZATION**

I (we) hereby authorize Horton Highway Utility District, hereinafter called Company, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for (Application). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Branch

Address City/State/Zip

Bank Routing Number Bank Account Number

Type of Account: _____ Checking _____ Savings

Amount (or how amount is determined): Each Month, a bill will be sent stating the amount and date that the debit will occur. Please use this as notification of the amount to be deducted.

Start Date: _____ HHUD Account Number: _____

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on either the Friday before (14th of the month) or the Monday after (17th of the month).

(Note: For varying amounts the company must send, based on the *NACHA Operating Rules*, written notification of the amount and the date on or after which the transfer will be debited at least ten calendar days in advance of the debit. If the date varies, the *Rules* state that the Originator must send the Receiver notification of new date at least seven calendar days in advance of the debit.)

This authority is to remain in full force and effect until HHUD has received written notification from me (or either of us) of its termination in such time and manner as to afford HHUD and Financial Institution a reasonable opportunity to act on it.

Print or Type Individual Name Signature

Service Address City/State/Zip

Date

Please Attach Copy of Voided Check to This Form and submit to: utilityco@united.net or fax to: (931) 364-2575