



Cape Royale Utility District

ACH Bank Draft Customer Authorization

I hereby authorize **Cape Royale Utility District**, herein referred to as COMPANY, to initiate a monthly ACH Bank Draft debit on the checking account / savings account maintained at the financial institution named below, herein referred to as DEPOSITORY, for the amount of my monthly water bill. I understand that this ACH Bank Draft will be initiated on the 15th of each month following my receipt of monthly billing statements that specify the amount due and contain the notice "***ACH - DO NOT PAY***". I also understand that an ACH Bank Draft that is declined by the DEPOSITORY for insufficient funds or account closure must be paid by other means before the 26th of the month to avoid late fees and penalties.

This signed authorization will remain in effect until the utility account is terminated or until the COMPANY and DEPOSITORY have received written notification that ACH Bank Draft by COMPANY is no longer in effect. This written notice must be received by all parties involved at least 10 business days before the 15th of the month.

Customers Signature: _____ Date: _____

Please Print the Following:

Customer Name: _____

Name of Financial Institution: _____

Routing Number: _____

ACCOUNT TYPE:

CHECKING ☐

Account Number: _____

SAVINGS ☐

Please Provide a VOIDED Check

or

a Copy of a check so that we can verify information

If you need to return this form you can mail it or email it to the following:

Cape Royale Utility District

1330 Cape Royale Dr

Coldspring TX 77331

or Email: Water@eastex.net

****We also have a Night Drop at the office

it is secured and weather proof, checked daily

Internal Office Processing Check List:

- ☐ Customer database handling codes "K" and "N"
- ☐ Customer database comments box "*** ACH DO NOT PAY***"
- ☐ Customer database ROUTING and ACCOUNT NUMBER