

# Recurring ACH Payment Authorization

You authorize monthly scheduled charges to your checking/savings account. You will be charged your monthly water/sewer bill each billing period. A receipt for each payment will be provided if needed and the charge will appear on your bank statement as an "ACH Debit". You agree that no prior-notification will be provided unless the date of payment changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I, \_\_\_\_\_ authorize  
to charge my bank account on the 10th of each month.

**FCIA TWIN FORKS**  
**PO BOX 248**  
**LEAKEY TX 78873**

This payment is for Water and/or Sewer Service.

## Billing Information

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Twin Forks Lot/Water Account Number: \_\_\_\_\_

## Your Bank Details

\_\_\_\_\_ Checking \_\_\_\_\_ Savings

Account Name \_\_\_\_\_

Bank Name \_\_\_\_\_

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

Routing Number \_\_\_\_\_



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify FCIA Twin Forks Water Supply Corporation 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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 FCIA Twin Forks Water Supply Corporation may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF which may be initiated as a separate transaction from the authorized recurring payment. 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 bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

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

(Account Holder)

RETURN COMPLETED FORM TO FCIA TWIN FORKS AT THE ABOVE ADDRESS; Questions?  
Email [twinforksleakey@gmail.com](mailto:twinforksleakey@gmail.com)