



LOWER RIO GRANDE
Public Water Works Authority

**AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS
(ACH DEBITS)**

COMPANY
NAME **Lower Rio Grande PWWA WATER WORKS**

COMPANY
ID-NUMBER **27-2142627**

I (we) hereby authorize Lower Rio Grande Water Works, hereinafter called COMPANY, to initiate debit entries to my (our) _____ Checking _____ Savings account (select one) indicated below and the depository named below, herein called DEPOSITORY, to debit the same to such account.

DEPOSITORY
BANK NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIST ROUTING/ABA NO _____ BANK ACCT NO _____

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

NAME _____ ACCT. NO _____
(PRINT)

DATE _____ SIGNED _____

PHONE NUMBER _____

NOTE: PLEASE PROVIDE A VOIDED CHECK