

ROSE HILL SPECIAL UTILITY DISTRICT

P.O. Box 190

Kaufman, Texas 75142

972-932-3077

972-962-8793 FAX

ACH AUTHORIZATION FORM

Date of Request: _____

I (we) hereby authorize Rose Hill Special Utility District (District) to initiate entries to my checking/savings accounts at the financial institution listed below (The Financial Institution) and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until Rose Hill Special Utility District is notified by me (us) in writing to cancel it in such time as to afford Rose Hill Special Utility District and the Financial Institution reasonable opportunity to act on it.

Name of Financial Institution

Address of Financial Institution-Branch, City, State, and Zip

Signature

Name-Please Print

Address-Please Print

Checking/Savings Account Number: _____

Financial Institution Routing Number: _____

(Look between these symbols 1:1 on the bottom of your check)

Rose Hill SUD ACCT#: _____

Home Phone #: _____

A voided check or copy of a void check must be attached to this form.