

**AUTHORIZATION AGREEMENT FOR DIRECT DEBIT/CREDIT
BRUSHY CREEK MUNICIPAL UTILITY DISTRICT – 74-2006801**

I (we) authorize the Brushy Creek Municipal Utility District to initiate debit/credit entries to my (our) checking or savings account indicated below and the Depository named below to debit/credit same to such account. A VOIDED check is attached.

This authorization will remain in effect until the Brushy Creek Municipal Utility District has received written notification from me (or either of us). Such notification of termination shall be made by me (or us) not less than 30 days prior to effective date of termination. The Brushy Creek Municipal Utility District reserves the right to terminate this authorization upon thirty (30) days written notice to the person(s) listed below.

Name: _____ Utility Account Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (H) _____ (W) _____ TXDL#: _____

Depository Name (Financial Institution): _____

Branch: _____ Transit/ABA# _____ Account #: _____

City: _____ State: _____ Zip: _____

Type of Institution: (please select one)

Bank Savings and Loan Credit Union Other _____

Type of Account: (please select one)

Checking Savings

By signing below I am authorizing direct debit/credit for my/our utility bill.

Customer Signature: _____ Date: _____

*******POLICY INFORMATION ON REVERSE SIDE*****
SIGNATURE REQUIRED**

FOR OFFICE USE ONLY

Date Received: _____ Group: _____ Termination Notice Received: _____

Pre-note Submittal: _____ Termination Processed: _____

Pre-note1 Pre-note2

Initial Debit to Occur: _____

Debit1 Debit2

USTldebit1 USTldebit2

DIRECT DEBIT/CREDIT POLICY INFORMATION

NSF POLICY: A customer will automatically be terminated from the program after two (2) Insufficient Funds (NSF) returned items. The customer will also become ineligible for the program for the next twelve (12) months. A fee of \$30 will be assessed on ALL payments returned to BCMUD, in addition to all other rights and remedies available to BCMUD (including termination of service). Payment items returned for any reason (NSF, closed account, etc.) MUST be paid for by money order or cash. Any items returned due to invalid EFT transit/routing numbers or invalid bank account numbers will also be assessed late penalties. BCMUD will endeavor to pre-note all new bank information to help eliminate invalid/incorrect numbers. However, it is the responsibility of the customer to verify this information with his/her financial institution prior to sending in the authorization agreement.

TERMINATIONS/CHANGES POLICY: Terminations and/or changes MUST be made **IN WRITING** to BCMUD not less than 30 days prior to effective date of the change or termination. BCMUD must have sufficient time to process the termination or change. The customer is solely responsible for notifying BCMUD of any changes in sufficient time to prevent returned items and/or late fees and it is the customer's sole responsibility to be sure that BCMUD has received such notification.

DEBIT SCHEDULE POLICY: Accounts will be debited on the due date unless the due date falls on a weekend or bank holiday. In this case, accounts will be debited the last business day prior to the due date.

By signing below, I am acknowledging that I have reviewed the NSF Policy, the Debit Schedule Policy and the Termination/Changes Policy and will abide by these policies, and will pay all required fees specified herein.

Customer Signature: _____ Date: _____