



# ACH Enrollment Form

Authorization for Recurring Direct Payment

101 Hays Street, Suite 416, Dripping Springs, TX. 78620: 512-858-7897

OFFICE USE ONLY		
Account #		
Received	By	Date
Input	By	Date

## CUSTOMER INFORMATION

Name of Account Holder <input type="text"/>	Email Address <input type="text"/>
Utility Service Address (house number and street name) <input type="text"/>	10-Digit Daytime Telephone Number <input type="text"/>
YES, I want Paperless Billing sent to my email address <input type="checkbox"/>	NO, I want my Billing mailed to my address <input type="checkbox"/>
<p>In consideration for the goods, products and/or services provided to me by <b>DRIPPING SPRINGS WSC</b>, I hereby authorize <b>DRIPPING SPRINGS WSC</b> to debit entry into my CHECKING or SAVINGS Account as indicated below at the depository financial institution bank named below, herein after called <b>DEPOSITORY</b>. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.</p>	

## FINANCIAL INSTITUTION INFORMATION

Depository Bank Name: <input type="text"/>	City, State, ZIP: <input type="text"/>
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>ROUTING</b> Number (9-Digit)	<b>ACCOUNT</b> Number
\$ Maximum Amount <input type="text"/> <i>If blank, Default is \$1,000</i>	VARIABLE <input type="checkbox"/> Effective Date <input type="text"/>

## HOW TO SUBMIT

Please submit using one of the following delivery methods: Drop-off in person, US Mail, or by Fax @ 512-858-0607. For document security, using E-Mail is not recommended.

This authorization is to remain in full force and affect this transaction only, or until such time that my indebtedness to **DRIPPING SPRINGS WSC** for the listed amount is fully satisfied. The specific debit to my account authorized herein may only post on or after the EFFECTIVE DATE listed above, and in no event may the debit transaction post to my account prior to said date. I understand that the debit will be made within two (2) business days of the due date of each monthly bill for the balance amount shown on billing statements.

I may only revoke this authorization by contacting **DRIPPING SPRINGS WSC** directly at the address and phone number listed above, and only in the case that I return the good, product and/or service provided to me by **DRIPPING SPRINGS WSC** pursuant to their particular return policy in effect the date this authorization is granted.

## SIGNATURE SECTION

Account Holder's Printed Name <input type="text"/>
Account Holder's Signature <input type="text"/>
Date <input type="text"/>

Please attach a voided check to this form