



ACH BANK DRAFT AUTHORIZATION FORM

Date: _____

Account Number: _____

Name on the Account: _____

Service Address: _____

Bank Name: _____

Routing Number: _____ Bank Account Number: _____

Attach Voided Check

Deposit slips are not acceptable

I am requesting that Trinity Bay Conservation District draft my checking account monthly from the bank information provided above. I understand that there will be an additional fee of \$1.00 per month for the ACH Draft option. The payments will draft at the earliest on the 15th or at the latest the 18th day of each month (depending on the business day). I understand that if the draft payment comes back unpaid by the bank, I am subject to service charges and/or disconnection of services (which may require an additional deposit) and/or the ACH Draft will be removed from my account. Furthermore, please contact our office at 409-296-3602 if you need to change your banking information or to cancel the ACH Draft.

Customer Signature

Date