

**Hardin County W.C.I.D. # 1  
P O Box 699  
Sour Lake, TX 77659  
(409) 755-7377**

**Authorization Agreement for Automatic Debits (ACH)**  
Please complete all information on the authorization form below.

\_\_\_\_\_  
Name (as on your account) Water/Sewer Acct. #

\_\_\_\_\_  
Address City State Zip code

\_\_\_\_\_  
Day Evening  
Telephone numbers

I, \_\_\_\_\_, authorize Hardin County WCID #1 and the Financial Institution listed below to charge my checking or savings account for the amount of my Water/Sewer utility bill each month for the total charges due. This authorization will remain in effect until Hardin County WCID#1 has received 30 days written notification from me of its termination.

\_\_\_\_\_  
Name (as on your bank account) Name of Financial Institution

\_\_\_\_\_  
City State Zip code

\_\_\_\_\_  
Bank Routing Number Checking / Savings Account Number  
(Circle one)

\_\_\_\_\_  
Signature Date

~~~~~ATTACH VOIDED CHECK~~~~~