

**AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS
(ACH DEBITS)**

Moffat Water Supply Corporation

5456 Lakeaire Blvd. Temple, Texas 76502
254-986-2457

I (we) hereby authorize **Moffat Water Supply**, hereinafter called MWSC, to initiate debit entries from my (our) checking savings account (check one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY/BANK NAME:		CITY:
ADDRESS:	STATE:	ZIP:
ROUTING NUMBER:		ACCOUNT NUMBER:
This authority is to remain in full force and effect until MWSC has received notification from me (or either of us) of its termination in such time and in such manner as to afford MWSC and DEPOSITORY a reasonable opportunity to act upon it.		
NAME(S):		MWSC ACCT NUMBER:
DATE:	SIGNATURE:	

****Please include a VOIDED check with Authorization Form.**