Attachment to the Automated Clearing House (ACH) Originator Agreement

Authorization Agreement for Direct Payments (Debits)

I (we) hereby authorize Kingsland Municipal Utility District (KMUD), hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law. I also understand that under the USA PATRIOT ACT, this COMPANY is obligated to verify the identity of each customer.

***PLEASE ATTACH VOIDED CHECK (OR COPY) TO THIS FORM AND RETURN COMPLETED FORM TO: ***

Kingsland Municipal Utility District
PO Box 748   OR EMAIL TO: **kmud@kingslandmud.com**
Kingsland, TX 78639

BANK'S NAME: _____

BANK'S ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

BANK ROUTING #: _____ **BANK ACCOUNT #:** _____

TYPE OF ACCOUNT: _____ **CHECKING**   _____ **SAVINGS**

This authority is to remain in full force and effect until COMPANY has received written notification from me (either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

NAME(S): _____ **KMUD ACCOUNT #:** _____

SERVICE ADDRESS: _____

PHONE #: _____ **EMAIL:** _____

SIGNATURE: _____ **DATE:** _____

Revision Date 11-14-17