



# 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  
Kingsland, TX 78639

OR EMAIL TO: [kmud@nctv.com](mailto:kmud@nctv.com)

**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:** \_\_\_\_\_

**TO BE COMPLETED BY KMUD ONLY:**  
Date Received: \_\_\_\_\_  
Completed By: \_\_\_\_\_