



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.

(Financial Institution Name) (Branch)

(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.

(Print Individual Name) (KMUD Account #)

(Signature) Service Address

(Print Individual Name) (Date)

(Signature) (Date)

CUSTOMER IDENTITY VERIFICATION

I understand that under the USA PATRIOT ACT, this business is obligated to verify the identity of each customer opening a new account, or each new owner being added to a deposit account, and I understand and agree that if the business is not able to verify the identity of all of the owners of this account within a reasonable time, it may, at any time in its sole discretion, without providing advance notice, close the account.

Customer Name: _____ Date: _____

Signed: _____ Bank Account #: _____

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

Kingsland Municipal Utility District
PO Box 748
Kingsland, TX 78639

TO BE COMPLETED BY KMUD ONLY:
Date Received: _____
Completed By: _____