

RIVER PLACE MUD

AUTHORIZATION FORM FOR DIRECT PAYMENT ACH DEBITS

Company Name: Severn Trent Services **Company ID #** _____

I (we) hereby authorize (Company Name), hereinafter called COMPANY, to initiate debit entries for (Application) to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Company may debit my account for amounts becoming due by me on a monthly basis, according to the due date on my account.

Financial Institution Name:	Branch:
Address:	Type of Account (check one below):
City/State:	Checking:
ZIP:	Savings:

Account Name:
Routing Number:
Acct Number:

This authority is to remain in full force and effect until COMPANY has received written notification from me (or 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:
Signature:
Date:
Daytime Phone:

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM AND MAIL DIRECTLY TO:

Severn Trent Services
14050 Summit Dr Suite 113
Austin Tx 78728
Attn: Kristi Hester
512-246-0498x213