



Country Club Water Supply Corporation

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Payment Plan Authorization Form for Country Club Water Supply

Processing through Deposit Express

BANK ACCOUNT HOLDER

First Name Middle Name Last Name

ADDRESS ON YOUR BANK ACCOUNT – NOT SERVICE ADDRESS

Address City State ZIP

WATER UTILITY SERVICE ADDRESS

Address City State ZIP

TELEPHONE: _____

PAYING FOR (if bank account holder is not the customer): _____

PAYMENT PLAN

Debit entire balance due to Service Provider will be debited each month.

RECURRING Debit Start Date: ____/____/____ (CHOOSE A DATE: - 10TH - 20TH)

(The recurring debit start date will determine all subsequent transaction dates.)

CUSTOMER'S BANK INFORMATION

Bank () Phone Number

City State ZIP

Routing Number (9 digits): _____ Account Number: _____

Bank Account Type: Checking OR Savings (Please circle one)

PAYMENT AUTHORIZATION

I hereby authorize you to debit my account as identified above. This authorization shall remain in effect until the terms stated have been met or until Country Club Water Supply has received written notification from me of intent to terminate at such time and in such manner as to afford Country Club Water Supply and bank reasonable opportunity to act (minimum of 30 days). All other changes such as payment amount, frequency, bank account number change, will require a new Payment Authorization Form to be filled out and submitted to Country Club Water Supply 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by Country Club Water Supply due to uncollectible funds. I will be liable to pay a fee for each returned check. I understand that if my electronic debit is returned to you for insufficient or "held" funds, it will be re-presented electronically and my account will be debited for the amount of the payment plus the state- allowed fee. I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold Country Club Water Supply, the check processor, and the bank harmless from damage, loss, or claim resulting from all authorized actions hereunder.

Customer's Signature Date

Authorized signature(s) on bank account (if required) Date

A voided check from the customer's bank account must be stapled to this Authorization form.