POST OAK S.U.D

CONSUMER DRAFT AUTHORIZATION FORM

Name(s): _____
(As it appears on your bill)

Home Phone: _____ Business Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Post Oak S.U.D Account Numbers to be paid by draft:

_____

Bank Savings and Loan: _____
City: _____ State: _____

Names on Bank Account: _____

Checking or Savings Account Number: _____

Checking or Savings Routing Number: _____

I authorize the Bank or Savings and Loan named above to pay my monthly Post Oak S.U.D. bill and to deduct each payment from my checking/savings account. This authority is to remain in effect until revoked by me in writing. I agree that each payment shall be the same as a check personally signed by me. I have the right to stop payment of a charge by timely notification to my Bank or Savings and Loan and Post Oak S.U.D. reserves the right to terminate this draft service (or my participation therein)

This form must be signed and returned to Post Oak S.U.D., a minimum of 15 days prior to the next bill due date in order for the draft to be effective for the current bill. If it is received less than 15 days prior to the current bill due date, the draft will not be effective until the next month's bill due date.

SIGNATURE: _____

Please sign and include this form with your check payment, or attach a voided personal check.

Mail to: Post Oak S.U.D
Attention: Consumer Drafts
P.O. Box 545
Hubbard, TX 76648

Post Oak Office Use Only

Customer Acct Number(s): _____

Date Received: _____

Completed by: _____

Date Entered: _____

6/3/2021 updated