Crystal Clear Special Utility District
2370 FM 1979 * San Marcos, Texas * 78666

CUSTOMER INFORMATION

Name:_____

CCSUD Account Number:_____

Email Address:_____

Phone Number:_____

FINANCIAL INSTITUTION INFORMATION

Name on Account:_____

Bank Name:_____

Routing Number:_____

Account Number:_____

Account Type: CHECKING_____ **SAVINGS**_____

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.

I authorize Crystal Clear Special Utility District (CCSUD) to deduct my utility payments from this bank account via Electronic Fund Transfer (EFT). I understand if I choose to discontinue this service, I will be required to send written notification to CCSUD to revoke this authorization.

Crystal Clear Special Utility District reserves the right to cancel Electronic Fund Transfers due to insufficient funds or any other issues that prevent the funds from being paid to CCSUD, without prior notice.

_____

Signature Printed Name

Effective Date:_____

FOR OFFICE USE ONLY BELOW THIS LINE

Date Received: _____Date Processed:_____

_____

Signature Printed Name