

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

util@fairoaksranchtx.org

SERVICE ADDRESS	UTILITY ACCOUNT #	**INTERNAL USE ON	NLY**
		DATE ACCT UPDATED/	INITIALS
	nch Utilities, hereinaft ecount/depository as on of Routing/Accou	indicated below.	pit
We Accept: A Voided Check, Deposit Slip, Screenshot/Picture Of Online Banking, Or Printout From Bank VOID WITHOUT SUPPORTING DOCUMENTATION			
I agree this authority will remain in effect until FORU has received written notification from me (or either of us) of a change or termination at least 30 days prior to the effective cancellation date. Please Print and Complete All Fields Below			
Bank Name: Bank	Routing #:	Bank Account#	
	Name(S)		
	Email Address(S)		
Cell Phone		Alternate Phone	
Signature		Date	
Signature		Date	