

**KENDALL COUNTY WATER CONTROL &
IMPROVEMENT DISTRICT NO. 1**

**28 US HWY 87
P.O. BOX 745
COMFORT, TEXAS 78013
830-995-2227
Fax 830-995-4438**

AUTHORIZATION FOR DIRECT PAYMENT

I (we) authorize Kendall Co. W.C.I.D. #1 to initiate entries to debit my (our) account described below:

Checking Account No. _____ or Savings Account No. _____

Financial Institution's Name _____

Financial Institution's Address _____

Attach a voided check or savings slip and provide the Financial Institution's Routing below:

Routing # _____
(between the symbols on the bottom left of your check or savings deposit slip)

This authority is to remain in full force and effect until the Water District has received written notification from me (or either of us) of its termination in such time and manner as to afford the Water District reasonable opportunity to act on it.

Signature _____ Signature _____
(Optional- For Joint Account)

Full Name _____ Full Name _____

Water District Account Number _____

Date _____ Date _____

Telephone Number _____ Telephone Number _____

For District Use:

Personnel taking application _____ Date _____

Personnel entering information _____ Date _____