

TRYON ROAD SUD



AUTHORIZATION TO HONOR CHECKS DRAWN BY THE
TRYON ROAD SPECIAL UTILITY DISTRICT
360 SKINNER LANE LONGVIEW, TX 75605

CUSTOMER'S NAME: _____

CUSTOMER'S ACCT. #: _____

BANK NAME: _____

BANK ADDRESS: _____

As of convenience to me, I hereby request and authorize you to pay and charge to my account checks drawn on my account by and payable to the order of the Tryon Road Special Utility District for the amount of my monthly water bill. I agree that your rights in respect to each such check shall be the same as if it were a check drawn on you and signed personally by me. I agree that you shall be fully protected in honoring any such check.

PLEASE PROVIDE A VOIDED CHECK.

Today's Date

First Draft Date

Routing #: _____

Checking account #: _____

Signature as it appears on bank records