

Authorization to Honor Checks Drawn By The

BROOKESMITH SPECIAL UTILITY DISTRICT

P.O. BOX 27

BROWNWOOD, TX 76804

(325)646-5731 – FAX (325)643-6108

_____ (Bank)

_____ (Address of Bank)

As a 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 **Brookesmith Special Utility District**, provided there are sufficient collected funds in said account to pay the same upon presentation. 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 to me. This authority is to remain in effect until revoked by me in writing, and until you actually received such notice I agree that you shall be fully protected in honoring any such check.

I further agree that if any such check was dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Bank Account # _____

Bank Routing # _____

Date _____

Customer Name _____

Print Name

Signature _____

Exactly as it appears on Bank records

Office Use Only (Below this line)

Customer Account # _____