

CITY OF HUDSON

ACH AUTOMATIC DRAFT

I authorize First Bank & Trust East Texas and the financial institution, City of Hudson, to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my statement or 60 days after posting, whichever occurs first.

I authorize First Bank & Trust East Texas to initiate electronic entries to my checking/savings account and agree to the terms listed above.

(Name) (Phone)

(Mailing Address) (Physical Address)

(Customer #) (Location #)

(Name of Financial Institution to be debited)
Financial Institution Routing Number _____
(A VOIDED CHECK MUST BE ATTACHED TO THIS FORM)
Account number to debit: _____ Checking ___ Savings ___
in the amount of \$ _____ to be posted approximately on the 5th day of each month.

I understand the amount debited each month will be amount billed each month.

DATE: _____

SIGNATURE: _____