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**COPEVILLE SPECIAL UTILITY DISTRICT**

**Authorization Agreement for Fire Department Contributions**

Company  
Name: Copeville SUD

I(we) hereby authorize Copeville SUD, here after called the DISTRICT, to add a recurring monthly contribution charge to my water bill for my local Volunteer Fire Department.

Fire Department \_\_\_\_\_ Amount of Contribution \_\_\_\_\_

This authorization is to remain in force until the DISTRICT has received written notification from account holder of its termination. Termination notification must be received by the 20th of month.

Name(s) \_\_\_\_\_

Account Number(s) \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_