

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

Company Name

City of El Campo

Company ID Number

746000728

I (we) hereby authorize the City of El Campo, hereinafter called COMPANY, to initiate Debit entries to my (our) [] Checking, [] Savings (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account.

DEPOSITORY NAME

BRANCH (if applicable)

CUSTOMER BANK ACCOUNT NO.

DEPOSITORY TRANSIT/ABA NO.

CUSTOMER NAME ON ACCOUNT

UTILITY ACCOUNTS AFFECTED:

ADDRESS/ADDRESSES:

ACCOUNT #'S:

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

Signature on account owner

Date

ATTACH VOIDED CHECK HERE

Date received: _____

Please return completed form to City Hall Utilites by dropping off in person, drop-box in drive thru, or mailing to 315 E. Jackson, El Campo, TX 77437.