

OFFICE USE ONLY
CYCLE _____
ACCOUNT #: _____
BANK CODE: _____

AUTHORIZATION FOR BANK DRAFT

I _____, authorize the City of Edinburg and the financial institution listed below to initiate debit entries to my:

_____ CHECKING
ACCOUNT

_____ SAVINGS
ACCOUNT

on the _____ day of each month for the total amount of my water, sanitary sewer and garbage collection bill due. This authorization, will remain in effect until I cancel it in writing and the City of Edinburg has received and processed the cancellation notice.

Financial Institution

Print Name

Branch / City

Customer's Signature

Routing Number

Date

Account Number

I understand that I must maintain sufficient funds for my ACH to be debited on the above date of each month. If the ACH transaction is returned for insufficient funds, I understand that I will automatically be terminated and that in the future, I will no longer be able to participate in the ACH payment plan.

Customer's Signature