

# AUTHORIZATION FOR BANK DRAFT

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

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

\_\_\_\_\_ CHECKING ACCOUNT      \_\_\_\_\_ SAVINGS ACCOUNT

on the due date 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

\*\*\*\*\* Attach Sample Voided Check Here \*\*\*\*\*

(Please fill out and return to the Edinburg Utility Billing Department)