

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

SERVICE ADDRESS _____

COMPANY NAME CITY OF VICTORIA COMPANY ID NUMBER _____

I (we) hereby authorize CITY OF VICTORIA, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Savings account (select one) indicated below and the bank named below, hereinafter called BANK, to debit the same to such account.

BANK NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT / ABA NO. _____ ACCOUNT NO. _____

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

NAME(S) _____ SS NUMBER _____
(Please Print)

DATE _____ SIGNED X _____ SIGNED X _____

ID-001-AD

Instructions:

1. Print out the form
2. Fill out the form
3. Mail to: P. O. Box 1279, Victoria, TX 77902
or Fax to: 361-485-3405
or Scan in the completed form and E-mail to: uboweb@victoriatx.org
4. Enclose or Attach a copy of a voided check.
5. Please continue to make payment of your water bill until you receive a bill printed:
ACCOUNT WILL BE DRAFTED ON THE DUE DATE