

AUTHORIZATION AGREEMENT FOR AUTOMATED BILL PAYMENT

COMPANY NAME

ADDRESS

CITY OF WEST COLUMBIA, TX

P.O. Box 487

512 East Brazos Street

I authorize the City of West Columbia to initiate debit entries to my account indicated below:

Account Information

Financial Institution
Name/Location _____

Transit
Routing Number _____

Account
Number _____

Type of Account
Checking / Savings _____

Personal Information

This authority is to remain in full force until I terminate this authorization.

(Print Name)

(Utility Account Number)

(Physical Address)

(Zip Code)

(Date)

(Signature)

Note: Please submit a voided check that will be used to verify transit routing number and account number information.