

AUTHORIZATION FOR AUTOMATIC PAYMENT

I authorized The CITY OF PHARR-Utility Billing division and the financial institution names below to initiate entries to my checking/savings accounts. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my financial institution statement or 60 days after posting, whichever occurs first. I'm aware that if I fail to maintain an adequate bank balance on more than two instances will subject my account to be considered for removal from this automatic payment system.

(Name of Financial Institution)

(Date)

(Street Address of Financial Institution)

(City)

(State)

(Zip Code)

(Signature)

(Name-Please Print)

(Service Address-Please Print)

(_____)_____-_____
(Telephone Number)

(Water Account Number)

Checking____ or Savings____

(Bank Account Number)

(Financial Institution Routing Numbers)

Staple VOIDED CHECK here