

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 a time as to afford the financial institution a reasonable opportunity to act on it. I can stop my 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

Signature

Name (Please Print)

Service Address (Please Print)

(_____)_____-_____
Telephone Number

Water Account Number

Bank Account Number

Checking _____ or Savings _____

Financial Institution Routing Numbers

Staple VOIDED CHECK here