

**AGREEMENT FOR PREAUTHORIZED PAYMENT
CITY OF McCAMEY**

I hereby authorize the City of McCamey to initiate debit entries for payment of my account for water/sewer/sanitation services to the financial institution indicated below. I understand debit will be made on the 10th day of each month or the first working day after the 10th for the full amount due on my account.

Bank Information

Name of Bank: _____ Branch/Location: _____

Account No.: _____ Routing No.: _____

Checking () Savings ()

Name as listed on checking account _____

This authority is to be effective on the date shown below and remain in full force and effect until City of McCamey and bank have received written notification from me (or my representative). Notice to terminate this agreement will be submitted in such time and in such manner to afford City of McCamey and Bank reasonable opportunity to act on it.

City of McCamey Account Information

Account Name: _____

Service Account No.: _____

Service Address: _____

Agreement to begin with Bill Due: _____

Signature: _____ Date: _____

OFFICE USE ONLY

Received by: _____ Date: _____

Approved by: _____ Date: _____

City Secretary