



BANK DRAFT AUTHORIZATION FORM

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (ACH DEBITS)

COMPANY NAME _____ CITY OF PEARLAND _____

I (we) hereby authorize the City of Pearland, hereinafter called **COMPANY**, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) checking/savings account (circle one) indicated below and the depository named below, hereinafter called **DEPOSITORY**, to credit and/or debit the same to such account.

CUSTOMER INFORMATION:

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

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

NAME(S) _____ CUSTOMER ID NO. _____
(Please Print)

SERVICE ADDRESS _____

PHONE NUMBER _____ HOME _____ WORK _____

SIGNATURE _____ DATE _____

PLEASE INCLUDE A VOIDED CHECK WITH THIS FORM AND RETURN TO THE CITY OF PEARLAND

OFFICE USE ONLY

CYCLE/ROUTE _____ / _____

RECEIVED:

ENTERED: