



**AUTHORIZATION TO PAY WATER BILLS**

I hereby authorize the Financial Institution named below to pay my monthly water bill by charging each payment to my account. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge, by notifying the Water Department seven days prior to the due date on my bill. I understand however, that both the financial institution and the City of Abilene Water Department, reserve the right to terminate this payment plan (or my participation therein) due to a poor credit history with the City of Abilene.

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CUSTOMER ACCOUNT NUMBER: \_\_\_\_\_  
(AS SHOWN ON YOUR WATER BILL)

FINANCIAL INSTITUTION: \_\_\_\_\_

BANK ROUTING NUMBER (ABA): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

CHECKING ACCOUNT NUMBER: \_\_\_\_\_

SAVINGS ACCOUNT NUMBER: \_\_\_\_\_

I authorize you to pay and to charge my checking/savings account the amount of my monthly bill and to make that deduction payable to City of Abilene. In making this authorization, I agree to all the terms at the top of this authorization. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP TO THIS FORM. IF NO CHECK OR DEPOSIT SLIP IS AVAILABLE AN EMPLOYEE OF YOUR BANK MUST SIGN TO VERIFY YOUR ACCOUNT.**

DATE: \_\_\_\_\_ BANK EMPLOYEE SIGNATURE: \_\_\_\_\_