

City of Merkel, Texas

100 Kent Street Merkel, Texas 79536

Phone: (325)928-4911 Fax: (325)928-3171

Authorization agreement for preauthorized payments

ACH DRAFT:

BANK NAME: _____ ROUTING NUMBER: _____

ACCOUNT NUMBER: _____ CHECKING ___ SAVINGS ___

NAME AS IT APPEARS ON ACCOUNT: _____

Authorization agreement for preauthorized payments

CREDIT/DEBIT CARD DRAFT:

NAME: _____ CARD NUMBER: _____

EXP. DATE: ____ / ____ CVV: _____ ZIP CODE: _____

I hereby authorize City of Merkel-Water Department, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my information indicated above. I understand that the debit entry will occur on the due date reflected on the current billing cycle.

Printed Name: _____

Signature: _____

Date: _____