

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT OF CITY SERVICES

I authorize the City of Beaumont, Texas and the Bank listed below to charge my checking/savings account for the amount of my City Services each month. This authorization will remain in effect until the City of Beaumont has received written notification from me of its termination and the City of Beaumont has reasonable opportunity to act on it.

STAPLE
CHECK
HERE
(to the
back of
form)

FROM YOUR STATEMENT OF CITY SERVICES:

FROM YOUR CHECK:

Account Number	Service Location	Bank Name	Bank Phone
Name From Your Bill		Bank Address	
Mailing Address	Phone	Bank Routing Number	Bank Account Number
City/State/Zip	Name as Shown on Bank Account		Checking <input type="checkbox"/> Savings <input type="checkbox"/>

Please attach a voided check to assure accuracy in processing.

_____ Signature	_____ Date
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