City of Weslaco

"The City on the Grow"

WATER DEPT.

956-973-3117
956-973-3118
956-973-3119

956-968-6717 FAX

AUTOMATIC PAYMENT (ACH DEBIT) AUTHORIZATION AGREEMENT

TO ENROLL, SIMPLY COMPLETE THIS REPLY FORM AND RETURN ALONG WITH A VOIDED CHECK TO:

CITY OF WESLACO WATER DEPT.
255 S KANSAS
WESLACO TX 78596-6285

CUSTOMER INFORMATION (AS IT APPEARS ON YOUR MONTHLY BILL)

NAME_____

ADDRESS_____

CITY_____ **STATE** _____ **ZIP**_____ **PH#**_____

WATER ACCOUNT #_____

I AUTHORIZE THE FINANCIAL INSTITUTION NAMED BELOW TO PAY MY MONTHLY WATER BILL AND TO DEDUCT EACH PAYMENT FROM MY CHECKING ACCOUNT. I AGREE THAT EACH PAYMENT WILL HAVE THE SAME EFFECT UNLESS REVOKED BY ME. I HAVE THE RIGHT TO STOP PAYMENT OF A CHARGE BY TIMELY NOTIFICATION TO BY MY FINANCIAL INSTITUTION PRIOR TO CHARGING MY ACCOUNT. I UNDERSTAND THAT THE FINANCIAL INSTITUTION AND THE CITY OF WESLACO EACH RESERVES THE RIGHT TO END THIS AUTOMATIC BILL PAYMENT SERVICE (OR MY PARTICIPATION IN IT) AT ANY TIME AFTER GIVING WRITTEN NOTICE OF TERMINATION TO ME.

CUSTOMER BANK INFORMATION

FINANCIAL INSTITUTION_____

CHECKING ACCOUNT#_____

FINANCIAL INSTITUTION ADDRESS_____

CITY_____ **STATE**_____ **ZIP**_____

TRANSIT/ABA# (ROUTING)_____

SIGNATURE _____ **DATE**_____