



# CITY OF HITCHCOCK

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www.cityofhitchcock.org

## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

City  
Name \_\_\_\_\_ City of Hitchcock \_\_\_\_\_

City  
ID Number \_\_\_\_\_

I (we) hereby authorize \_\_\_\_\_, hereinafter called City, to initiate debit entries to my (our)  Checking Account /  Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository  
Name \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Routing  
Number \_\_\_\_\_

Account  
Number \_\_\_\_\_

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

Name(s) \_\_\_\_\_  
(Please Print)

UB Account Number \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please attach a voided check if a checking account is selected