

City of Weslaco

"The City on the Grow"



UTILITIES DEPARTMENT
956-973-3113
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. A 72 HOUR NOTICE MUST BE PROVIDED TO THE CITY ON ANY FINANCIAL INSTITUTION CHANGES OR CANCELLATIONS.

CUSTOMER BANK INFORMATION

FINANCIAL INSTITUTION _____

CHECKING ACCOUNT# _____

FINANCIAL INSTITUTION ADDRESS _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA# (ROUTING) _____

SIGNATURE _____ DATE _____