

**CITY OF COLLEYVILLE  
AUTHORIZATION AGREEMENT FOR AUTOMATIC  
BANK DRAFT**

I/(we) (hereinafter called customer) authorize the City of Colleyville to initiate debit entries, and to initiate, if necessary, debit entries as adjustments for credit entries in error to my/(our)  Checking  Savings account (select one) indicated below, and the financial institution named below to credit and/or debit the same such account.

This authority is to remain in effect until the City of Colleyville has received 30 (thirty) days written notice from the customer to cancel authorization.

It is the responsibility of the customer to notify the City of Colleyville of any bank name changes, account number changes, and/or routing number changes.

**DATE** \_\_\_\_\_ **NAME (PRINTED)** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**SPOUSE'S NAME (PRINTED)** \_\_\_\_\_

**SPOUSE'S SIGNATURE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**DAYTIME PHONE NUMBER** \_\_\_\_\_

**BANK NAME & ADDRESS** \_\_\_\_\_

**BANK ACCOUNT NUMBER** \_\_\_\_\_

**BANK ROUTING NUMBER** \_\_\_\_\_

PLEASE ENCLOSE A VOIDED CHECK FOR VERIFICATION WITH THIS  
AUTHORIZATION AND MAIL TO: CITY OF COLLEYVILLE,  
ATTN: THERESA FOX, P.O. BOX 1016, COLLEYVILLE, TX 76034

**E-MAIL ADDRESS REQUESTED** \_\_\_\_\_