

**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 _____