

**OFFICE USE ONLY**

<b>CYCLE:</b> _____
<b>ACCOUNT#:</b> _____
<b>BANK CODE:</b> _____

**AUTHORIZATION FOR BANK DRAFT**

I authorize the City of Edinburg and the financial institution listed below to initiate debit entries to my:

\_\_\_\_\_ CHECKING ACCOUNT

\_\_\_\_\_ SAVINGS ACCOUNT

on the \_\_\_\_\_ of each month for the total amount of my water bill due. This authority will remain until I have cancelled it in writing, and until the City of Edinburg has received notice.

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Name

\_\_\_\_\_  
Branch/City

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

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

**\*\*\*\*\*Attach Sample Voided Check Here\*\*\*\*\***

(Please fill out and return to the Edinburg Utility Billing Department)