

# 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** \_\_\_\_\_