CITY OF CRANDALL TEXAS ACH AUTHORIZATION FORM

I hereby authorize The City of Crandall to initiate entries to my checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until The City of Crandall is notified by me, in writing, to cancel it in such time as to afford The City of Crandall and the financial institution a reasonable opportunity to act on it. PLEASE PRINT

_____

Name as it appears on Financial Account

_____

Service Address

_____

Name of Financial Institution

_____

Address of Financial Institution City State Zip

_____

Telephone Number of Financial Institution

Routing Number: _____

Account Number: _____

Signature: _____ Date:_____

A copy of your check must be attached to this form.

Please be advised The City of Crandall will debit your account on the 20th of each month the total amount of your water/sewer bill. If the 20th falls on a holiday or weekend the amount will be deducted from your account the following business day.