

THE CITY OF ANDREWS IS COMMITTED TO COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT. REASONABLE MODIFICATIONS AND EQUAL ACCESS TO COMMUNICATIONS WILL BE PROVIDED UPON REQUEST. PLEASE CALL 432/523-4820.

City of Andrews Utility Customers:

This form has been provided for your convenience in making automatic monthly payments. Please complete and print the form below, providing an **original hand written signature on this form and an attached voided check**, and mail to:

City of Andrews
Utility Department
111 Logsdon
Andrews, Texas 79714

For questions about this form or the automatic payment option, you may contact the Utility Billing Clerk at 432/523-4820 or email mjimenez@cityofandrews.org. Accommodations will be made for persons with disabilities.

BANK DRAFT AUTHORIZATION (ACH DEBITS)

I (we) hereby authorize City of Andrews hereinafter called "CITY", to initiate debit entries to my (our) Checking Account / Savings Account (*select one*) on the 16th of each month as indicated below at the depository financial institution named, hereafter called "DEPOSITORY", and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name of Bank: _____ Routing No.: _____

Account No.: _____

Name(s) as it Appears on Bank Account: _____

Name(s) as shown on utility bill: _____

Utility Bill Account No.: _____ Service Address: _____

Date: _____ Phone No.: _____

DRAW DRAFT OR DO NOT DRAFT

SIGNATURE: _____

This authorization is to remain in full force and effect until CITY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CITY and DEPOSITORY a reasonable opportunity to act on it.

FOR OFFICE USE ONLY: Bank Code: _____ Change Entered By: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

Any account that comes back with insufficient funds will no longer be allowed to participate in the Bank Draft Program.

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.