

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT OF CITY SERVICES**

I authorize the City of Beaumont, Texas and the Bank listed below to charge my checking/savings account for the amount of my City Services each month. This authorization will remain in effect until the City of Beaumont has received written notification from me of its termination and the City of Beaumont has reasonable opportunity to act on it.

**FROM YOUR STATEMENT OF CITY SERVICES:**

**FROM YOUR CHECK:**

Account Number	Service Location	Bank Name	Bank Phone
Name From Your Bill		Bank Address	
Mailing Address	Phone	Bank Routing #	Bank Account #
City/State/Zip	Name as Shown on Bank Account	___ Checking ___ Savings	

**Please attach a voided check to assure accuracy in processing.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Cut along the dotted line and STAPLE CHECK TO THE BACK OF THE LEFT SIDE OF THE FORM