

CITY OF PORT ARANSAS
GAS & SANITATION
361-749-4111 361-749-5270 FAX

AUTOMATIC DEBIT APPLICATION
Authorization Agreements For Direct Payments (ACH Debits)

I (we) hereby authorize City of Port Aransas, hereinafter called company, to initiate debit and to initiate, if necessary, credit entries and adjustments for any debit entries made in error, to my(our) account indicated below at the depository financial institution named below, hereinafter call DEPOSITORY, and to debit and/or credit 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.

Your Bank Information:

Depository: _____

City: _____ State: _____

_____Checking OR _____Savings

Routing Number: _____ Bank Account Number: _____

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

Name: _____ Signature: _____

DBA: _____ (If applicable)

Service Address: _____ Utility Acct No: _____

Driver's license (state): _____ Phone# : _____

Please submit with voided check, for verification of routing number and checking OR savings account number. A \$20.00 service fee will be applicable for any ACH return(s).

Thank-you