

**CITY OF COLORADO CITY, TEXAS
AUTHORIZATION AGREEMENT
FOR PREAUTHORIZED PAYMENTS**

180 W. 3rd ■ P.O. Box 912 ■ Colorado City, Texas 79512 ■ (325) 728-5331 ■ Fax (325) 728-2597

CUSTOMER

NAME: _____

ADDRESS: _____

WATER ACCOUNT NO.: _____

PHONE NO.: _____

I (We) hereby authorize the City of Colorado City Water Dept., hereinafter called City to initiate debit entries to my (our) checking account indicated below and the depository named below, hereinafter called Depository, to debit the same to such account.

DEPOSITORY NAME

BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSITIABA NO. : _____

ACCOUNT NO.: _____

CHECKING

SAVINGS

This authority is to remain in full force and effective until the City and the Depository has received written notification from me (or either of us) of its termination in such time and manner as to afford the City and the Depository a reasonable opportunity to act on it.

Customer Signature: _____

Date: _____