



CITY OF COMANCHE

101 East Grand Avenue, Comanche, Texas 76442 • 325-356-2616 • Fax 325-356-2137 • cityofcomanchetexas.net

Authorization Agreement for Automatic Deposits (ACH Credits)

Utility Account Name: (Last) _____ (First) _____ (M/I) _____
or Business Name: _____

Utility Account Number: _____ Utility Address: _____

I hereby authorize City of Comanche, hereinafter referred to as Company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the financial institution named below, hereinafter referred to as Financial Institution, to credit and/or debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

Please print clearly, thank you!

Company Name: City of Comanche

Financial Institution Name: _____

Financial Institution Address/City/State/Zip Code: _____

Financial Institution Routing Number/ABA Number: _____

Account Number: _____ Checking Savings

This authority is to remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford the Company and Financial Institution a reasonable opportunity to act on it. If any of the above information changes, I will promptly complete a new authorization agreement.

(Print Account Name)

(Phone Number)

(Physical Address)

(City, State/Zip Code)

(Account holder's Signature)

(Date)

Office Use Only: Draft Start Date: _____ Put on by: _____ Verified by: _____