

FOR AUTOMATED-WATER/SEWER/SANITATION BILL PAYMENTS

I (we) hereby authorize the City of Clifton, Texas("the City") to initiate entries to my checking/savings accounts at the financial institution listed below and, if necessary, initiate adjustments for transactions credited in error. This authority will remain in effect until the City is notified by me (us) in writing to cancel it in such time as to afford the city a reasonable opportunity to act.

STEP 1 ----- COMPLETE THE FOLLOWING

Name of Financial Institution: _____

Branch Name: _____

City, State & Zip: _____

Checking/Savings Account Number: _____

Routing & Transit Number: _____

Maximum Amount Authorized: _____

STEP 2-----ATTACH A VOIDED CHECK TO THIS FORM FOR VERIFICATION OF INSTITUTION AND ACCOUNT NUMBERS.

STEP 3-----COMPLETE THE INFORMATION BELOW AND SIGN

YOUR NAME(S)-PLEASE PRINT: _____

YOUR ADDRESS-PLEASE PRINT: _____

SIGNATURE(S) & DATE: _____

STEP 4-----RETURN THIS FORM WITH ATTACHED VOIDED CHECK TO CLIFTON CITY HALL AT 403 W 3RD OR MAIL TO- CITY OF CLIFTON, P.O. BOX 231, CLIFTON, TX 76634

GET IT TO US BEFORE 4:30 PM THE SECOND MONDAY OF THE MONTH TO BE IN EFFECT FOR THE NEXT MONTH'S BILLING CYCLE.

IF YOU NEED HELP, PLEASE BRING A VOIDED CHECK TO CITY HALL AND WE'LL BE HAPPY TO HELP YOU FILL OUT THE FORM.

DRAFTS ARE DONE AROUND THE 5TH OF THE MONTH