

CITY OF ROCKWALL UTILITY ACCOUNT ACH AUTHORIZATION FORM

I (we) hereby authorize City of Rockwall, to initiate entries to my (our) checking/savings account at the financial institution listed below (THE FINANCIAL INSTITUTION) and, if necessary, initiate adjustments for any transactions debited or credited in error. This authority will remain in effect until the City of Rockwall is notified by me (us) in writing to cancel it in such time as to afford the City of Rockwall and the financial institution a reasonable opportunity to act upon it.

Name-PLEASE PRINT

Service Address

Utility Account Number

Telephone Number

(Signature)

(Date)

Name of Financial Institution

Address of Financial Institution

Checking/Savings Account Number

Financial Institution Routing Number (on the bottom left of you check)

REQUIRED: ATTACH A COPY OF A VOIDED CHECK