AUTOMATIC BANK DRAFT ENROLLMENT FORM FOR SOLID WASTE PAYMENTS

* Required

*Customer Name: _____

*Daytime Phone No.: _____ **(Required for when charges are reversed by bank)**

Alt. Phone No.: _____

Email Address: _____

Service address:

*Address: _____

City: Missouri City St.: TX ZIP: 77489

Billing address: (if different from Service address)

Address: _____

City: _____ State: _____ Zip: _____

Quarterly Amount to Debit: **$61.05** Note: For the 10/15/07 payment, this form is due by 9/14/07.

Select next quarter to start debit charge: ☐ Oct ☐ Jan ☐ April ☐ July

I authorize the City of Missouri City and the financial institution listed below to automatically debit my bank account for Solid Waste payments on the 15th day of the first month of each quarter. I understand that it is my responsibility to notify the City of Missouri City, in writing, if I make any changes to this agreement, or if I close this bank account. This authorization will be in effect until either party gives written notice to the other of termination. I understand my notice of termination must be received in time to have reasonable opportunity to act. **This agreement acknowledges that I am responsible for the account number** listed below and indemnify the City against loss or damage from delayed payments resulting from incorrect or incomplete information.

Financial Institution Name: _____ ☐ Checking ☐ Savings

Routing/ABA No. _____

Account No. _____

Name _____ (printed)

_____ (signed)

Fax or deliver to: City of Missouri City Finance Dept.
Attn: Kathy Hutton, Accounting Manager
1522 Texas Parkway
Missouri City, TX 77459
(281) 403-8979 fax

Questions: (281) 403-8500