



DIRECT PAYMENT APPLICATION

I authorize the CITY OF GROESBECK to initiate electronic debit entries to my _____ Checking Account (or) _____ Savings Account for payment of my utility bill.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Customer Name: _____ Service Address: _____

Account: _____ Phone: _____

Signature: _____ Date: _____

Financial Institution (Please Print): _____

Financial Institution Routing Number: _____

Financial Institution Account Number: _____

Financial Institution City and State: _____

Please include a voided check