**City of Bastrop**

**BANK DRAFT AUTHORIZATION (ACH DEBITS)**

<table>
<thead>
<tr>
<th>Account Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account Name:</td>
</tr>
<tr>
<td>Service Address:</td>
</tr>
<tr>
<td>Utility Account #:</td>
</tr>
</tbody>
</table>

Bank account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name (Print):  
City: State: Zip:  
Routing Number:  
Account Number:  
Must Attach a copy of Voided Check to this Form

I (we) hereby authorize **CITY OF BASTROP**, hereinafter called COMPANY, to initiate debit entries to my (our) bank account. Please initiate the following on my request for:

- [ ] BEGIN DRAFT FROM: [ ]-Checking  [ ]-Savings  [ ] - Credit Card
- [ ] CHANGE IN CREDIT CARD or BANK ACCOUNTS, and to STOP Drafts from my PREVIOUS Bank Account listed on the below utility account.  [ ]-Checking  [ ]-Savings

Signature: Date:  
This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and Depository a reasonable opportunity to act on it.

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.