



# CITY OF EULESS

## Automatic Bank Draft Authorization Agreement

I authorize the City of Euless to initiate debit entries, and to initiate if necessary, debit entries as adjustments for credit entries in error to my account listed below.

This authority is to remain in effect until the City of Euless has received thirty (30) days written notice from me to cancel authorization.

I further understand that it is my responsibility to notify the City of Euless of any change in bank name, account number, and/or routing number.

Type of Account:	Checking	Savings
Date:	_____	
Name (printed):	_____	
Signature:	_____	
Spouse's Name (printed):	_____	
Spouse's Signature:	_____	
Address:	_____	
Daytime Phone Number:	_____	
Bank Name & Address:	_____ _____ _____	
Bank Account Number:	_____	
Bank Routing Number:	_____	

**Please enclose a voided check with this authorization and mail to:**

City of Euless  
PO Box 1545  
Euless, TX 76039