



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: _____

Service 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

Do not send electronically due to privacy concerns.