



for

903-668-2313

## CITY UTILITY BILLS (WATER, SEWER, AND/OR GARBAGE)

Checking Account — Please attach a voided check.  Savings Account — Please attach copy of bank document showing typed account number (not hand written)  NAME OF FINANCIAL INSTITUTION:  ABA/ROUTING NUMBER:  BANK ACCOUNT NUMBER:  Account Type: Checking Savings  MISCELLANEOUS INFORMATION (Please initial by each item that you have read said item):  1. 1 understand all information provided here shall remain confidential.  2. Date to deduct first payment: Oh of ecch menth  3. I authorize the City of Hallsville to deduct my payments directly from my account as listed above.  4. I agree that if/when I no longer wish to participate in this program, I will notify the city in writing.  5. I understand that if any time my automatic payment does not go through due to lack of funds in the account, I will be charged the \$35.00 Non-Sufficient Fund fee by the City of Hallsville, and I will automatically be removed from the Automatic Bill Payment Program.  RETURN FORM TO:  CITY OF HALLSVILLE  115 WEST MAIN ST	PERSONAL INFORMATION:					
NAME AS SHOWN ON UTILITY BILL:  MAILING ADDRESS:  CITY/STATE/ZIP:  TELEPHONE: { } . This phone is: Home Work Cell Messar  Checking Account — Please attach a voided check. Savings Account — Please attach copy of bank document showing typed account number (not hand written)  NAME OF FINANCIAL INSTITUTION:  ABA/ROUTING NUMBER:  BANK ACCOUNT NUMBER: Account Type: Checking Savings  MISCELLANEOUS INFORMATION (Please initial by each item that you have read said item):  1. I understand all information provided here shall remain confidential.  2. Date to deduct first payment: LO++ of Cach men++  3. I authorize the City of Hallsville to deduct my payments directly from my account as listed above.  4. I agree that if/when I no longer wish to participate in this program, I will notify the city in writing.  5. I understand that if any time my automatic payment does not go through due to lack of funds in the account, I will be charged the \$35.00 Non-Sufficient Fund fee by the City of Hallsville, and I will automatically be removed from the Automatic Bill Payment Program.  RETURN FORM TO:  CITY OF HALLSVILLE  LISUMEST MAIN ST	SERVICE ADDRESS:					
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HALLSVILLE, TX 75650	CITY OF HALLSVILLE 115 WEST MAIN ST PO BOX 899	Customer's Signature  Date Signed				

**ATTENTION: CITY EMPLOYEE RECEIVING THIS FORM:** 

Please provide the customer with a photocopy of the completed, signed form.