

PECOS COUNTY WCID#1 CUSTOMER AUTHORIZATION FORM

Please fill out and return to Pecos County WCID#1

I authorize Pecos County WCID#1 and the financial institution listed below to initiate electronic debit entries, and adjustments for any debit entries in error to my

☐ Checking Account ☐ Savings Account each month.

This authority will remain in effect until I cancel in writing. Pecos County WCID#1 and/or the financial institution indicated reserve the right to end this payment plan and my participation in it.

!!! PLEASE ATTACH A CHECK MARKED "VOID" and provide us with your complete savings, checking, or credit union account number.

Financial Institution

Signature

Branch

Printed Name

Acct. #

City, State, Zip Code

Date

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Transit/Routing (ABA) Number

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Financial Institution Account Number

◆ Please provide your daytime telephone number _____

◆ If you need help filling out this form, please call us or come by. We'll be glad to help!

◆ Please complete, sign and return form.