



AUTHORIZATION AGREEMENT FOR DIRECT DEBIT FOR WATER, SEWER & SANITATION SERVICES

By completing this authorization agreement, you are giving the City of North Richland Hills authorization to debit your checking or savings account each month for the amount of your water bill. A \$ 1.50 voluntary donation for the Library Fund, the Animal Services and Special Events & Arts will be included unless you note below. Your bank can provide you with their Transit/ABA number that is required on the authorization agreement. Return this form with a **voided check** to the City of North Richland Hills.

This authorization will remain in effect until the City of North Richland Hills has received written notification from you that it is to be terminated in within such time and manner for the City of North Richland Hills to act upon it.

You have the right to stop payment of a debit by notification to your Depository at such time to afford Depository a reasonable opportunity to act on it prior to charging account. After an account has been charged, you have the right to have the amount of an erroneous debit immediately credited to my Depository, provided I send written notice of such debit entry in error to Depository within fifteen (15) days following issuance of the account statement or 45 days after posting, whichever comes first.

Name(s) Account Number

Address City State Zip Telephone

I (we)___ do not wish to contribute the \$1.50 voluntary donation.

I (we)___ authorize the City of North Richland Hills to debit entries to my account with the Depository names below.

I (we)___ wish to sign up for e-notification and stop paper billing. Email address:_____

Depository Name Depository Account #

Type of Depository (bank, credit union, etc.) Type of Account (checking, savings, etc.)

Transit / ABA Number

Signature Date