

**AUTHORIZATION AGREEMENT FOR  
AUTOMATIC DRAFT (DEBIT)**

Water Account No:

I (we) hereby authorize The City of Lewisville to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) \_\_\_\_\_ account indicated below and the depository name below, herein after called DEPOSITORY, to credit and/or debit the same to such account.

YOUR BANK NAME (DEPOSITORY):

CITY:

STATE:

ZIP CODE:

TRANSIT/ABA NO:

BANK ACCOUNT NO:

This authority is to remain in full force and effect until The City of Lewisville has received written notification from me (or either of us) of its termination in such time and in such manner as to afford The City of Lewisville and the DEPOSITORY a reasonable opportunity to act on it.

NAME ON BANK ACCT:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE INCLUDE A VOIDED CHECK FOR VERIFICATION**

MAIL TO:  
CITY OF LEWISVILLE  
Finance Department  
P O Box 299002  
Lewisville, TX 75029-9002  
Phone - 972.219.3440  
Fax - 972.219.5097