



City of Chandler
 P.O. Box 425
 811 Hwy 31 E
 Chandler, TX 75758

(903)849-4145
 chandler.tx.com

Authorization Agreement For Preauthorized Payments

| | | | |
|--|--|-------------------------|------|
| Consumer Name: | | Additional Name: | |
| Date of Birth: | | | |
| Street Address (No P.O. Boxes): | | | |
| City: | | State: | Zip: |
| Phone #: | | E-Mail Address: | |
| <p>I (we) hereby authorize _____, hereinafter called company, to initiate debit entries to my (our) checking account indicated below and the depository named below, hereinafter call depository, to debit the same to such account.</p> | | | |

| | | | |
|-------------------------|--|-----------------|------|
| Depository Name: | | | |
| City: | | State: | Zip: |
| Phone #: | | E-Mail Address: | |

| | |
|-------------------------|--|
| Transit/Aba No.: | |
| Account No.: | |

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

| | | |
|--------------------------|-----------|-------|
| Consumer Name (s) | | |
| _____ | _____ | _____ |
| Print Name | Signature | Date |
| _____ | _____ | _____ |
| Print Name | Signature | Date |