

CITY OF LAVON



P.O. Box 340 – 120 School Rd. – Lavon, TX 75166
Office 972-843-4220 – Fax 972-843-0397
Email: leann.mcclendon@cityoflavon.org

Automatic Withdrawal Agreement Form/Address: _____

Authorization Agreement

I hereby authorize the City of Lavon to initiate automatic withdrawals from my account at the financial institution named below for the payment of charges relating to my utility services.

Further, I agree not to hold the City of Lavon responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in withdrawing funds from my account.

This agreement will remain in effect until the City of Lavon receives a written notice of cancellation from me or my financial institution, or until I submit a new direct withdrawal form to the Utility Department.

Account Information

Citizens Bank*

MICR		
⑆000067894⑆	123456789⑆	0101
ROUTING/TRANSIT NUMBER	ACCOUNT NUMBER	STARTING NUMBER OF YOUR NEXT CHECK

Find your routing number and account number on your check

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking | Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check and return this form to the Utility Department.