



City of Lavon

Automatic Withdrawal Agreement Form

P.O. Box 340, 120 School Rd., Lavon, TX 75166

972-843-4220

Email: applications@lavontx.gov

Customer Name: _____ Account No. _____

Service Address: _____

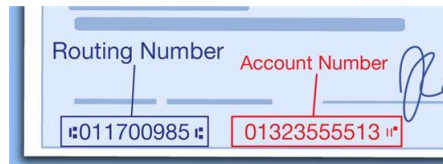
Authorization Agreement

I hereby authorize the City of Lavon to initiate automatic withdrawals from my account at the financial institution/credit card company 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 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



Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____