



CITY OF PALESTINE
504 N QUEEN ST.
PALESTINE, TX 75801

DRAFT AUTHORIZATION FORM

**Name of Financial
Institution:**

Transit/ABA Number:

Bank Account Number:

Until revoked in writing, I hereby authorize you to pay bills for me, provided sufficient funds are on deposit to my credit, when presented by the following:
(plus your service charge therefore, if any).

Utility Account Name:

Account Number:

Account Number:

Service Address:

Street Name

Mailing Address:

Street Name

City

State

Zip

Date

Signature

AFFIX VOIDED CANCELLED CHECK BELOW