



**AUTHORIZATION TO PAY CITY OF MOUNT VERNON UTILITY BILLS**

**Attach a voided check or deposit slip.**

WATER CUSTOMER ACCOUNT # \_\_\_\_\_  
(As listed on monthly bill)

YOUR NAME \_\_\_\_\_

PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF CUSTOMER'S BANK \_\_\_\_\_

ADDRESS OF BANK \_\_\_\_\_

CHECKING ACCOUNT # \_\_\_\_\_

BANK ROUTING # \_\_\_\_\_

I authorize you to deduct from my checking account the amount of my monthly water bill and to make that deduction payable to the City of Mount Vernon. I agree to all the terms below on this authorization.

I authorize the above named Bank to pay my monthly water bill and to deduct each payment from my checking account. I agree that each payment shall be the same as a check personally signed by me. I understand, however, that the Bank and the City of Mount Vernon each reserves the right to terminate this Automatic Bill Payment service at any time.

**\*\*\*NOTE\*\*\* Draft becomes effective once your bill states "Paid by Draft." The bill amount will be drafted out of your account on the 6<sup>th</sup> of each month.**

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

*City of Mount Vernon*

109 N. Kaufman \* P.O. Box 597 \* Mount Vernon, TX 75457 \* 903 537 2252 \* FAX 903 537 2634

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