

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)**

ADDRESS \_\_\_\_\_

COMPANY NAME CITY OF VICTORIA COMPANY ID NUMBER \_\_\_\_\_

I (we) hereby authorize CITY OF VICTORIA, hereinafter called COMPANY, to initiate debit entries to my (our)  Checking  Savings account (select one) indicated below and the bank named below, hereinafter called BANK, to debit the same to such account.

BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

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

TRANSIT / ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY and BANK 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 BANK a reasonable opportunity to act on it.

NAME(S) \_\_\_\_\_ SS NUMBER \_\_\_\_\_  
*(Please Print)*

DATE \_\_\_\_\_ SIGNED X \_\_\_\_\_ SIGNED X \_\_\_\_\_

ID-002-AD

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**Instructions**

1. Print out the form
2. Fill out the form
3. Mail to: PO Box 1279, Victoria, TX 77902  
or Fax to: 361-485-3405  
or Scan in the completed form and Email to: [uboweb@victoriatx.org](mailto:uboweb@victoriatx.org)
4. Enclose or Attach a copy of a voided check