

# PECOS COUNTY WCID#1

## CUSTOMER AUTHORIZATION FORM

Please fill out and return to Pecos County WCID#1

I authorize Pecos County WCID#1 and the financial institution listed below to initiate electronic debit entries, and adjustments for any debit entries in error to my

Checking Account       Savings Account      each month.

This authority will remain in effect until I cancel in writing. Pecos County WCID#1 and/or the financial institution indicated reserve the right to end this payment plan and my participation in it.

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**!!! PLEASE ATTACH A CHECK MARKED "VOID" and provide us with your complete savings, checking, or credit union account number.**

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Financial Institution

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Signature

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Branch

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Printed Name

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Acct. #

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City, State, Zip Code

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Date

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Transit/Routing (ABA) Number

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Financial Institution Account Number

❖ Please provide your daytime telephone number \_\_\_\_\_

❖ If you need help filling out this form, please call us or come by. We'll be glad to help!

❖ Please complete, sign and return form.