

**City of Quitman, Texas**  
**Utility Billing Payment Authorization**

Name	Service Address	Account

**BANK DRAFT OPTION**

Bank Name	Bank Routing Number	Bank Account Number

I hereby agree to permit and authorize the City of Quitman to electronically debit the above bank account for the amount of my regular monthly bill on or about the due date for such.

I understand that any failed debit or returned ACH, for any reason,  
will incur an additional \$25.00 fee.

Signature:	Date:
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