



**CITY OF KYLE - UTILITY BILLING DIVISION**

100 W. Center Street / P.O. Box 40  
Kyle, Texas 78640  
512-262-3960 - Office  
512-262-3965 - Fax

**FOR OFFICE USE ONLY:**

Received \_\_\_\_\_ (Date in office)  
Clerk's Initials \_\_\_\_\_  
Entered into System \_\_\_\_\_ (Date)  
CC Processor \_\_\_\_\_ Billing \_\_\_\_\_

**Authorization Agreement for Direct Payments (Debits)**

\_\_\_\_\_  
**LAST NAME**

\_\_\_\_\_  
**FIRST NAME**

\_\_\_\_\_  
**Utility Account #**

\_\_\_\_\_  
**Service Address**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Phone Number**

**CHECKING / SAVINGS ACCOUNT:**     **Checking**     **Savings**

\_\_\_\_\_  
Name of City / Branch

\_\_\_\_\_  
City / State / Zip Code

\_\_\_\_\_  
Routing #

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Driver's License / State

**Recurring Monthly** ~ (Account will pre-note on the 15<sup>th</sup> of the month; debit may occur the following month on the 15<sup>th</sup> or next business day if pre-note clears.)

**Open Authorization** ~ Deductions only made upon request of customer ~ Account will not be drafted until you contact the Utility Billing Department (every month)

**One Time Only** ~ Specify Date \_\_\_\_\_ \$ \_\_\_\_\_

*TO PROCESS AGREEMENT, PLEASE ATTACH A VOIDED CHECK - To ensure the highest level of security regarding your bank information, our preferred method of receiving a voided check is to deliver it in person to our office or place it in our night drop. We will still accept a scanned and emailed, faxed or mailed version of your voided check; however, you are responsible for contacting our Utility Billing Department to ensure receipt of your information.*

**CR  
ED**

**OR / DEBIT CARD:**

\_\_\_\_\_  
Name as it appears on card

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
Card #

\_\_\_\_\_  
Card Type (V/MC/AMEX/DSC)    Expiration Date

\_\_\_\_\_  
Driver's License / State

\_\_\_\_\_  
Phone Number

**Recurring** -     **Monthly Bill** ~ (Account will be debited on the 15<sup>th</sup> of the month or first business day after.)

**(CONTINUED ON BACK)**

**\*\*\*\*\* IMPORTANT NOTICE – PLEASE READ \*\*\*\*\***

**Authorization Agreement for Direct Payments (Debits)  
RULES AND REGULATION AGREEMENT**

Your FIRST bill after signing up for automatic bank account and credit card should draft as long as the information you supplied is correct. You will still continue to receive a water bill.

**YOUR RESPONSIBILITY:**

1. To notify us of any changes to your bank account, credit card, email address.
2. To notify us if you transfer water service to another address within the city.

**OUR RESPONSIBILITY:**

1. To set up your account in our billing system.
2. To notify you of any changes or problems with the drafted account.

By signing, I authorize City of Kyle to initiate a DEBIT entry to my account listed below. This authority will remain in effect until I notify the City, by completing an Auto-Debit Cancellation Form in writing. (Please allow up to one week for receiving and processing the cancellation form.) If the debit is returned unpaid the City may debit returned item fees, as posted, from my account in the same manner.

I have read and understand each party's (mine and the City's) responsibility.

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Signature

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Date