



Please complete & return to:  
City of Pampa  
P. O. Box 2499  
200 W Foster Pampa, Tx 79065  
Fax: 806-669-5726  
Email: [water@cityofpampa.org](mailto:water@cityofpampa.org)

### DRAFT PAYMENT AUTHORIZATION FORM

ACCOUNT HOLDER \_\_\_\_\_

WATER ACCOUNT NUMBER \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

FINANCIAL INSTITUTION NAME \_\_\_\_\_

BANK ACCOUNT NUMBER \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

- Please allow 30 days to prenote. The water bill will show paid by draft when in effect and will draft on the due date.

I hereby request and authorize the financial institution named to pay my monthly City of Pampa Water bill by charging each payment to the account specified by me. I agree that each payment shall be the same as if it were a check or withdrawal personally signed and authorized by me. This authority is to remain in effect until revoked by me in writing. I understand that both the City of Pampa Water Department and the financial institution named reserve the right to terminate this payment plan or my participation therein.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Attach voided check or proof of account ownership below:**