

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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CREDIT / CHECK CARD OPTION

Credit Card Number	Expiration	CSC (last 3 numbers - back of card)

I hereby agree to permit and authorize the City of Quitman to electronically process my payment by the above credit, debit, or check card for the amount of my regular monthly bill, **PLUS AN ADDITIONAL 4% CONVENIENCE FEE**, 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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