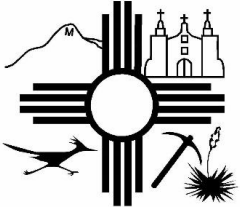


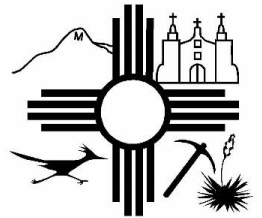
**CITY OF SOCORRO**



**CITY OF SOCORRO**

**P.O. Box K  
Socorro, NM 87801  
PHONE: 575-835-0240  
FAX: 575-838-4027**

**CITY OF SOCORRO**



**Authorized Agreement for Preauthorized Payments  
for  
City of Socorro Utility Bill**

To ensure proper ban coding of your transfer, please ATTACH A CHECK marked "VOID" or provide us with you complete saving, checking or credit union account number.

DEPOSITORY NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

DATE OF DEBIT 15<sup>TH</sup> OF EVERY MONTH

The authority is to remain in full force and effect until COMPANY AND DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY AND DEPOSITORY a reasonable opportunity to act on it.

NAME(S) \_\_\_\_\_

IB/UB ACCOUNT NUMBER \_\_\_\_\_

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

SIGNED X \_\_\_\_\_ SIGNED X \_\_\_\_\_