

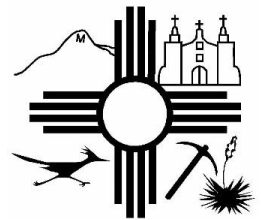
CITY OF SOCORRO



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
Debit or Credit Card Payments
for
City of Socorro Utility Bill**

I (we) hereby authorize the City of Socorro, hereinafter call COMPANY, to initiate debit entries to my (our) Credit Card account indicated below and the depository named below hereinafter call DEPOSITORY, to debit the same to such account.

TYPE OF CARD: VISA _____ OR MASTERCARD _____

ACCOUNT NUMBER _____

EXPIRATION DATE _____

DATE OF DEBIT: _____^{5TH} OR _____^{20TH}

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 _____