



CITY OF LA MARQUE

1111 Bayou Rd, La Marque, TX 77568

www.cityoflamarque.org

**Utility Billing
Bank Draft Authorization**

*I authorize the **City of La Marque** to begin deductions from my checking account at the financial institution named below, in the amount of my monthly utility bill. The amount drafted will be the Due Date on my bill. This authority will remain in effect until revoked by me in writing, and until you actually receive such notice. I will continue to receive my monthly bill for review only and both my financial institution and the City of La Marque have the right to terminate this payment plan or my participation therein.*

I authorize the \$2.00 monthly contribution to the Parks & Clean City Boards

Yes No

Customer Information:

Name as appears on water bill: _____

Account Number: _____

Service Address: _____

City, State, Zip: _____ la Marque, TX 77568

Home/Cell Phone #: _____

Driver's License #: _____

Financial Institution:

PLEASE INCLUDE A VOIDED CHECK WITH THIS FORM

Financial Institutions Name: _____

ACH Routing Number: _____

Checking Account Number: _____

I authorize the City of La Marque to automatically withdraw payments from my banking account:

Authorized Signature

Date

**CITY OF LA MARQUE
UTILITY BILLING DEPARTMENT
Contact: Utility Billing**

Email: ub@cityoflamarque.org
Phone: 409-938-9209
Address: 1111 Bayou Road
La Marque, TX 77568