



Authorization Agreement for Hotel Motel Bank Draft Payment

I authorize the City of Frisco to initiate debit entries from my account indicated below:

Company Account Information:

Financial Institution Name: _____

Location of Financial Institution: _____

Account Number: _____

Transit Routing Number: _____

Type of Account: Checking Savings Other (Please Specify) _____

Company Information:

This authority is to remain in full force until the company listed below terminates the authorization.

Hotel Name: _____

Owner Name: _____

Location Address: _____

Mailing Address (if different): _____

Federal ID Number: _____

Type or print name

Type or print title

Signature

Telephone number

Note:

- Please submit a voided check that will be used to verify transit routing number and account number information. Authorization needs to be submitted **5 days before** the due date of the report.
- A draft payment returned insufficient funds is subject to a \$35 NSF fee and will be removed from future drafts.

**Mail address: City of Frisco, Attn: Finance, 6101 Frisco Square Blvd, Frisco, TX 75034
Fax: 972-292-5587**