



CITY OF FLORESVILLE

Draft Authorization Form

NAME: _____

PHONE: _____

WATER ACCOUNT #: _____

ACCOUNT TYPE: **CHECKING** **SAVINGS**

I AUTHORIZE THE CITY OF FLORESVILLE TO WITHDRAW FROM MY ACCOUNT IN ORDER TO PAY THE MONTHLY WATER BILL.

ATTACH VOIDED CHECK HERE

X _____

SIGNATURE

TO CANCEL DRAFT AUTHORIZATION MUST GIVE 30 DAYS NOTICE. _____ (INITIALS)

Non-discrimination Statement:

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Check Appropriate Ethnicity and Race:

1. **ETHNICITY:** _____ **Hispanic or Latino descent** _____ **Not of Hispanic or Latino descent**
2. **RACE:** _____ **White** _____ **Asian** _____ **Black or African American** _____ **American Indian/Alaska Native** _____ **Native Hawaiian or Other Pacific Islander**