



**BANK ACCOUNT DRAFT AUTHORIZATION
SOLID WASTE DEPARTMENT**

Name: _____

Account #: _____ or Address: _____

Routing #: _____ Bank Name: _____

Checking Account #: _____

Name on Account (if different than above): _____

I authorize the City of Lakeway to keep my signature on file and to draft my checking account as indicated above for the established quarterly residential trash collection service rate, charges and fees. I agree to comply with all collection rules and regulations of the City of Lakeway now existing or revised. I understand this authorization remains valid unless I cancel the authorization through notice to City of Lakeway.

- It is the account holder's responsibility to notify the Solid Waste Department if there are any changes/closures regarding this bank account.
- Information pertaining to bank account numbers will never be disclosed.

Account Holder Signature: _____ Date: _____

Please email to: solidwasteclerk@lakeway-tx.gov or back to the customer service representative who sent it to you.

If you have any questions, please call us at 512.314.7514.