



# POCID ACH Withdraw Information

P.O. Box 375, Port O'Connor, TX 77982 \* Phone: 361-983-2652 \* Fax 361-983-2235

<b>Agreement Type</b>	<input type="checkbox"/> New Agreement <input type="checkbox"/> Change Account (please choose one) <b>ACH Bank Draft Fee is \$1.50</b> <b>ACH Credit Card Fee is 3% of Payment</b>			
<b>Customer Information</b> Please Print	Name on POCID Account _____ POCID Account # _____ Mailing Address _____ Service Address _____ Daytime Phone# _____			
<b>Complete for Checking Account Only</b>	<div style="border: 1px dashed black; padding: 20px; text-align: center;"> <p>Please tape a voided check for checking account. (Do not staple).</p> </div>			
<b>Change Bank Account</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">           EXISTING BANK:            Routing Number: _____            Account Number: _____         </td> <td style="width: 33%; text-align: center; padding: 5px;">           CHANGE  TO         </td> <td style="width: 33%; padding: 5px;">           NEW BANK:            Routing Number: _____            Account Number: _____         </td> </tr> </table>	EXISTING BANK: Routing Number: _____ Account Number: _____	CHANGE  TO	NEW BANK: Routing Number: _____ Account Number: _____
EXISTING BANK: Routing Number: _____ Account Number: _____	CHANGE  TO	NEW BANK: Routing Number: _____ Account Number: _____		
<b>Complete for Credit Card</b> Please print	Name on Credit Card _____ Billing Address _____ Credit Card Number _____ Expiration Date _____ Security Code _____ VISA/MC/AmEx/Disc			
<b>Please Sign</b>	Sign _____ Date _____			

Completed Forms can be Emailed to [pocmud@tisd.net](mailto:pocmud@tisd.net)