



POCID ACH Withdraw Information

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

Agreement Type	_____ New Agreement _____ Change Account (please choose one) ACH Bank Draft Fee is FREE ACH Credit Card Fee is 3% of Payment			
Customer Information Please Print	Name on POCID Account _____ POCID Account # _____ Mailing Address _____ Service Address _____ Daytime Phone# _____			
Complete for Checking Account Only	<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>			
Change Bank Account	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;"> EXISTING BANK: Routing Number: _____ Account Number: _____ </td><td style="width: 33%; text-align: center;"> CHANGE TO </td><td style="width: 33%;"> 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: _____		
Complete for Credit Card Please print	Name on Credit Card _____ Billing Address _____ Credit Card Number _____ Expiration Date _____ Security Code _____ VISA/MC/AmEx/Disc			
Please Sign	Sign _____ Date _____			

Completed Forms can be Emailed to pocid@pocid.org