



POCID ACH Withdraw Information

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

Agreement Type	<input type="checkbox"/> New Agreement <input type="checkbox"/> 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	Please tape a voided check for checking account. (Do not staple).			
Change Bank Account	<table border="1"><tr><td>EXISTING BANK: Routing Number: _____ Account Number: _____</td><td>CHANGE TO</td><td>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