Date:	_	
AUTHORIZA	TION TO COMPLETE BLANK (CHECK AMOUNT
Harris County Tax Office for the motor vehicle tran (payee) <u>must</u> be comp lete	(business name if not an individual to write in the exact dollar amount of payment desaction(s) submitted. All other fields, including the ded. TANCE WILL A CHECK WITH A BLANK PA	ue on the check I have provided ne PAY TO THE ORDER OF
hold the Tax Office harm	convenience service provided by the Harris Countless from liability. This authorization letter will be until authorization is withdrawn in writing.	
An owner or officer of a o	corporation must sign this letter of authorization.	
Under penalty of perjury,	I attest that I am authorized to sign this letter of a	uthorization.
Customer Signature:		
Printed Name:		
Title:		
Company Name: (If applicable)		
Address:		
Telephone Number:		