



## AUTOMATIC DRAFT AUTHORIZATION FORM

I, \_\_\_\_\_, hereby authorize the City of Bellville to draft my monthly utility bill from my bank account on the tenth (10th) of every month. I understand if at any time my account is insufficient, I will no longer be eligible for automatic draft privileges.

EFFECTIVE DATE: \_\_\_\_\_

FINANCIAL INSTITUTION: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

CHECKING

SAVINGS

CUSTOMER STREET ADDRESS: \_\_\_\_\_

CITY UTILITY ACCOUNT NUMBER: \_\_\_\_\_

**\*\*PLEASE ATTACH A VOIDED CHECK OR SAVINGS ACCOUNT NUMBER TO THIS FORM\*\***

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPROVED BY

\_\_\_\_\_  
DATE