



Draft Authorization Form

The City of Bullard will draft your bank account monthly upon submission of this form. Return this form to the utility billing department by mail, fax, in person, or email. I understand that the first draft will begin with the second billing after timely receipt of this form, or if possible I would like the first draft to begin in the month of _____. I hereby authorize the City of Bullard to withdraw a draft from my bank account listed below on a monthly basis for services rendered, and if necessary, initiate for any transaction debited or credited in any error. This authority will remain in effect until the City of Bullard is notified by me in writing, to cancel and until the City of Bullard has reasonable time to make that change. I agree that the City of Bullard will charge an NSF fee of \$30.00 for any dishonored draft and that a dishonored draft may result in disconnection of service, a reconnect fee of \$30.00 and other possible penalties. Initiation or cancellation of this service may take up to 60 days. Until I receive a bill marked 'PAID BY DRAFT' I am responsible for payment on my own initiative. All drafts will be processed for payment on the 17th of each month.

Utility Account Information

Name(s) on Account: _____

Service Address: _____

Account Number: _____ Phone Number: _____

Mailing Address: _____

Bank Account Information

Name(s) on Account: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Type: Checking Savings

Customer Signature

Date

For Office Use Only

Received/Completed By: _____ Date: _____