



## AUTOMATIC BANK DRAFT AUTHORIZATION FORM

I (we) hereby authorize the City of Ingleside to draft against my (our) account indicated below at the financial institution named below for utility payments and to initiate, if necessary, credit entries and adjustments for any entries made in error.

I (we) understand that this authority will remain in full force and effect until the City of Ingleside has received written notification from me (or either of us) at least two weeks before I (we) want the drafting terminated. I (we) also understand that the City of Ingleside reserves the right to terminate the automatic drafting on my account named below at any time and that I (we) remain liable for any unpaid account balance.

**ACCOUNT TYPE:** \_\_\_\_\_ Checking Account Number \_\_\_\_\_  
\_\_\_\_\_ Savings Account Number \_\_\_\_\_

### BANK INFORMATION:

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Financial Institution Branch

\_\_\_\_\_  
Routing Number

### UTILITY ACCOUNT INFORMATION:

\_\_\_\_\_  
Name on Utility Account

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Service Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

You will continue to receive your monthly bill as normal and your account will be drafted on the due date. If the due date falls on a holiday or on the weekend, your account will be drafted on the next business day. **Please note that it will take two billing periods for the draft to take effect. Your bill will reflect when the draft will begin as it will state "paid by draft".**

Please attach a voided check