

# **CITY OF BRYSON**

## **BANK DRAFT AUTHORIZATION AND CHANGE FORM**

**DIRECTIONS:** Please complete the following information and mail or fax this form to the City of Bryson at the address or fax number listed below. Please provide a voided check with this completed form.

### **CUSTOMER INFORMATION:**

NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY /STATE / ZIP CODE: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

HOME

WORK

**CITY OF BRYSON UTILITY ACCOUNT NUMBER:** \_\_\_\_\_

### **REQUEST TYPE**

NEW BANK DRAFT AUTHORIZATION:

CHANGE TO EXISTING AUTHORIZATION:

REMOVE BANK DRAFT AUTHORIZATION:

### **BANK INFORMATION:**

BANK NAME: \_\_\_\_\_ DRAFT LIMIT \$ \_\_\_\_\_

NAME(S) LISTED ON THE BANK ACCOUNT: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

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

CHECK ONE:  CHECKING ACCOUNT  SAVINGS ACCOUNT

As a convenience to me, and in accordance with the following information, I hereby authorize City of Bryson to draw drafts against my account for payment of my water utility bill(s). I further authorize the bank to pay these draws from my account. This draft is to remain in force until my intent to withdraw is given in writing to City of Bryson at least 30 days prior to the presentation of a draft or revoked by City of Bryson for two dishonored drafts within six months.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: A special message will appear on your bill telling you "YOUR ACCOUNT WILL BE DRAFTED". Continue to pay this bill until you see that message. When this message appears, your water bill will be drafted 3-5 business days prior to your *due date*.

### **OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Entered By: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date Effective: \_\_\_\_\_