

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: _____