

CITY OF PANHANDLE

Utility Services

BANK DRAFT AUTHORIZATION FORM

_____ \$Monthly Billing Amount*
Customer/Account Name Physical Address/Acct. # Amount

This is your authority to honor drafts drawn against the account of:

_____ | _____ | _____
Name of Financial Institution/Bank Bank Routing # Bank Account #

Please put an "X" next to the date you prefer your bank account is drafted each month.

10th _____

15th _____

_____ | _____
Name on Bank Account Signature

Note: * Drafts refused by the financial institution due to insufficient funds will result in a \$30.00 additional fee.

Drafts are taken out on the 10th or 15th of each month or the following business day if that date falls on a weekend or holiday.

City Use Only:

_____ | _____ | _____ | _____ | _____
Date Received Received by Date Entered Effective Date Initial