



## BANK DRAFT APPLICATION

<u>ACCOUNT INFORMATION</u>	<u>INFORMATION ABOUT YOU</u>
NAME ON ACCOUNT: _____	YOUR NAME: _____
SERVICE ADDRESS: _____	CONTACT PHONE: _____
ACCOUNT NUMBER: _____	MAILING ADDRESS: _____ _____

- TO START BANK DRAFT SERVICE:  
I (we) authorize the City of Royse City to start EFT/bank draft from the bank account information contained on the attached voided check in payment of my (our) monthly UB water account listed above. This authority is to remain in full force and effect until the City of Royse City has received written notification from me (us) to either change or cancel this EFT/bank draft service in accordance with the City's instruction below.
  
- TO CHANGE BANKING INFORMATION FOR EFT/BANK DRAFT SERVICE:  
I (we) authorize the City of Royse City to change our current EFT/bank draft service to the bank account information pertained on the attached voided check in payment of my (our) monthly UB water account noted above.
  
- TO CANCEL BANK DRAFT SERVICE:  
I (we) authorize the City of Royse City to cancel the EFT/bank draft service in payment of my (our) monthly UB water account noted above. I (we) accept responsibility to ensure that my (our) utility bill payment arrives by the due date. If it does not, a penalty will be assessed.

**INFORMATION ABOUT THE BANK ACCOUNT**

Bank Name: \_\_\_\_\_

Account (check one): \_\_\_\_\_ Checking    \_\_\_\_\_ Savings

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

Bank Account Number: \_\_\_\_\_

The diagram shows a check with the following fields labeled:

- ABA or Bank Routing Number:** Points to the routing number field (123456789).
- Bank Account Number:** Points to the account number field (123456789123).
- Check Number:** Points to the check number field (1051).

\*Attach a voided check OR account documentation from your bank.

\*\*Allow 72 hours for any changes to draft.

Account Holder Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account Holder Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_