

**CITY OF BRUCEVILLE-EDDY
ACH BANK DRAFT PAYMENT SIGN UP FORM**

CUSTOMER INFORMATION:

Account #: _____ Phone #: _____

Name: _____

Service Address _____

E-Mail Address: _____

FINANCIAL INSTITUTION INFORMATION:

Bank Name: _____

Bank Routing/Transit #: _____

Account #: _____

Account Type: Checking/Savings ;Max limit : _____

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.

I authorized City of Bruceville-Eddy to deduct my utility payments from this bank account via Electronic Fund Transfer ***on the last working day before the 15th of each month.***

I understand sending a written notification to City of Bruceville-Eddy will revoke this authorization.

City of Bruceville-Eddy reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice.

_____/_____
Date Print Authorized Name

Authorized Signature: _____