

CITY OF BRUCEVILLE-EDDY WATER SUPPLY

BANK DRAFT AUTHORIZATION

CUSTOMER INFORMATION:

Water Account #: _____

Name: _____

Service Address: _____

Phone Number: _____

Email Address: _____

FINANCIAL INSTITUTION:

Bank Name: _____

Routing/Transit #: _____

Bank Account Number: _____

***Limit:** _____

**(Maximum amount City could withdraw in the case of a higher than average bill)*

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

___ I authorize the City of Bruceville-Eddy to deduct my utility payments from this bank account via Electronic Fund Transfer on the 15th (or next business day if a weekend or a holiday) of each month.

___ I understand that I need to send a written notification to the Water Department if I wish to revoke this authorization.

___ I understand that I will be charged a bank draft fee of \$0.65 per month

City of Bruceville-Eddy reserves the right to cancel this agreement due to insufficient funds without notice.

PLEASE SEE PAGE 2.....

CHECKLIST:

1) Completed form

2) One of the following:

- Information provided by the bank to show account and routing number

Or

- A voided check from the account stated on page 1

PRINT AUTHORIZED NAME: _____

AUTHORIZED SIGNATURE: _____

DATE: _____