CITY OF ELGIN UTILITY DEPARTMENT
BANK DRAFT AUTHORIZATION FORM

I HERE BY AUTHORIZE THE CITY OF ELGIN UTILITY DEPARTMENT TO DRAFT MY BANK ACCOUNT TO APPLY TO MY MONTHLY UTILITY BILL

Name on Bank Account: _____

Service Address: _____

Utility Account Number: _____

BANK INFORMATION

Bank Name: _____

Routing Number: _____ Bank Account Number: _____

☐ Checking Account (Please attach a voided check or official bank documentation)
☐ Savings Account

IMPORTANT NOTICE

TO CANCEL OR MAKE CHANGES TO YOUR BANK DRAFT, YOU MUST NOTIFY THE UTILITY BILLING OFFICE NO LATER THAN THE 9TH OF THE MONTH IN WHICH THE CHANGE IS TO TAKE EFFECT.

By signing below, I confirm the accuracy of the information provided above and authorize the City of Elgin Utility Department to automatically draft the **full balance due** on my account each month on the billing cycle due date. All updates made to bank drafts must be submitted to Utility Billing staff in writing. NO CHANGES will be made without written notification under any circumstance.

I understand that this authorization form must be submitted with an **original wet signature** to be valid.

_____ _____
SIGNATURE DATE

FOR OFFICE USE ONLY

Completion Date: _____ Account #: _____ Initials: _____

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