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