



# AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFT

Office Use Only:

UB Clerk Initials: _____
Date Received: _____
Date Entered: _____
Email: _____

- To enroll in automatic draft, please fill out this form completely and submit it with a blank voided check. Your request for auto draft may not be fulfilled if a voided check is not submitted.
- **Your account will pre-note on the 15<sup>th</sup> of the month. After this pre-note is successful the amount of the next bill will be auto debited from the customer’s account on the due date (the 15<sup>th</sup> of each month.)**
- **You must continue to make payments as usual until your utility statement reads “Do Not Pay – Paid by Draft.” Failure to do so may result in late penalties.**

**Account Holder Information**

Name: \_\_\_\_\_ Utility Acct # \_\_\_\_\_

Service Address: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Bank Account Information**

Checking     Savings

Routing # \_\_\_\_\_ Acct# \_\_\_\_\_

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

**BY SIGNING I UNDERSTAND:**

- I authorize the City of Kyle to initiate a debit entry to my account.
- The authority will remain in effect until I notify the Utility Billing Department **IN WRITING** to terminate the automatic debit.
- **A fee of \$38.06 will be charged for any debits returned unpaid due to insufficient funds, closed account, etc. I also understand that it is my responsibility to notify the city of any change to my bank account number.**

**I HAVE READ AND UNDERSTAND EACH PARTY’S (MINE & THE CITY’S) RESPONSIBILITY    Initial \_\_\_\_\_**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_