

# BANK DRAFTING

Make paying your utility bill more convenient and avoid any late fees. Complete the form below and mail it or bring it by City Hall. We will automatically deduct your monthly bill on approximately the 10<sup>th</sup> of each month.

## CITY OF BRIDGE CITY

P. O. Box 846  
Bridge City, TX 77611

### WATER DEPARTMENT ACH AUTHORIZATION

\_\_\_\_\_  
NAME ON WATER ACCOUNT

\_\_\_\_\_  
ACCOUNT NUMBER

\_\_\_\_\_  
SERVICE ADDRESS

\_\_\_\_\_  
MAILING ADDRESS (IF DIFFERENT)

I, \_\_\_\_\_, authorize the City of Bridge City to originate a  
(NAME OF PERSON SIGNING)  
monthly transaction to be withdrawn from my **CHECKING / SAVINGS** (*circle one*) account at:

\_\_\_\_\_ using ABA # \_\_\_\_\_  
(BANK / CREDIT UNION NAME) (9 DIGIT BANK NUMBER)

\_\_\_\_\_ Account # \_\_\_\_\_  
(NAME ON ACCOUNT)

for monthly water, sewer, user and garbage fees. I acknowledge that these fees will vary in amount each month. I will be furnished a draft notice from the City monthly. These funds will be deposited into an account belonging to the City of Bridge City.

START DATE: \_\_\_\_\_

\*\*\*APPROXIMATE DATE OF WITHDRAWAL EACH MONTH: 10<sup>TH</sup>\*\*\*

I also understand I may cancel this authorization at any time by giving **WRITTEN NOTICE** to the City of Bridge City. I understand that this information will be solely for the purpose as described above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(MUST BE SIGNER ON ACCOUNT)

YOUR PHONE NUMBER: \_\_\_\_\_

\*\*\* **A VOIDED CHECK MUST BE ATTACHED** \*\*\*

OTHER INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

INPUT BY: \_\_\_\_\_ ENTERED: \_\_\_\_\_