



BANK DRAFT APPLICATION

Applicant Name: _____

Soc. Sec. #: _____

Account #: _____

Service Address: _____

I hereby request all payments due to Electric City Utilities for water and/or sewer charges to be drafted from my account # _____ until such time as this authorization is revoked in writing. I understand that this payment will be drafted on the due date, which is indicated on my monthly statement. A check copy must accompany the application if electing to participate in bank draft option.

Until enrollment is complete, please continue to make your payments as you normally would. You will know enrollment is complete, when you see the words "Draft on _____" on your bill statement.

Signature of Applicant

Date

Approved by City Representative

Do Not Write Below This Line

Office Use Only

Type of Account:

() Savings account () Checking account

Financial Institution: _____

Banking Routing Number: _____

Payee Account Number: _____

Bank Address: _____

Billing Cycle: _____

Prenote Date: _____

First Draft Date: _____