



# BANK DRAFT AUTHORIZATION FORM

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## **CUSTOMER INFORMATION**

\_\_\_\_\_  
Name (as shown on water bill)

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Phone Number

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Email Address

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## **Bank Information**

\_\_\_\_\_  
Name (as shown on bank account)

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

\_\_\_\_\_  
Bank Phone Number

\_\_\_\_\_  
Bank Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Type of Bank Account

Checking

Savings

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

\_\_\_\_\_  
Account #

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## **Important Note & Signature**

I grant authority to the City of Nixon to draft my bank account listed above for payment amounts due for my water bill once every month. This authorization is to remain in effect until revoked by me in writing.

\_\_\_\_\_  
Signature (as accepted by your bank)

\_\_\_\_\_  
Date

Please attach a *VOIDED CHECK* if possible.