

City of Buellton

Bank Drafting Agreement

Authorization Agreement

I hereby authorize the City of Buellton to instruct my financial institution to make my utility payments from the account named below.

Payments will be deducted around the **16th of each month** following the billing.

I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify the City of Buellton **30 days prior** to discontinuation of this service.

Please commence service around the **16th of the following month**. **The City will need to receive your completed Bank Drafting Agreement no later than the 5th of the month that service will begin.**

Service Information

Account in the Name of: _____

Service Address: _____

Phone Number: _____ Account Number: _____

Account Information

Name of Financial Institution: _____

Routing Number: _____

Checking Account Number: _____

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Attach a voided check and return this form to the City of Buellton, PO Box 1819, Buellton, CA 93427

Original signatures only; Fax signatures will not be accepted

