



CITY OF DENISON UTILITIES DEPARTMENT

430 W. Chestnut | Denison, TX 75020 | www.cityofdenison.com | 903.465.2720 | 903.465.1276 FAX

BANK DRAFT AUTHORIZATION FORM

Please complete form and attach a voided check from the account to be debited.

Utility Account #

Name on Account

Name of Financial Institution

City & State

ABA Routing #

Account #

Home Phone Number

Cell Phone Number (optional)

Before signing this form, please verify that the information you have provided is correct. Any errors in this information will result in your payment(s) not processing successfully and this could cause a disconnection of your service. The City of Denison is not responsible for any errors that are provided on this form.

I authorize the City of Denison Water Utilities Department to charge my account for the monthly amount of services billed. I authorize the financial institution indicated above to debit such amounts from my account. This will remain in effect until you cancel this authorization by contacting our office.

Print Name

Signature

Date

ATTACH
VOIDED
CHECK
HERE