



City of Denison Water Department
Bank Draft Enrollment Authorization

Please complete form and return to the Utility Billing Office. See **SAMPLE** check below.

Utility Account Number

Name on Utility Account

ABA Routing Number

Bank Account Number

Name of Bank

Name on Bank Account

Before signing this document, please verify the information provided is complete and correct.

I authorize the City of Denison Utility Billing Department to charge my account monthly for the balance due on my utility account. I authorize my financial institution indicated above to debit such amounts from my account.

This will remain in effect until I cancel this authorization by contacting the City of Denison Utility Billing Department. My utility account will no longer be eligible for draft enrollment for 12 months if 3 or more draft payments are unsuccessful/returned in 12 consecutive months. Errors in the account information provided above may result in payment(s) not processing successfully. This may result in additional fees, deposits, and/or disconnection of service.

Print Name

Contact Phone Number

Signature

Date

My Name		1234
My Address		DATE: _____
City, State Zip		
PAY TO THE ORDER OF: _____		\$ _____
SAMPLE		DOLLARS
The Bank Name		
Address		
Phone Number		
Memo: _____		
⑆ 1 2 3 4 5 6 7 8 9 ⑆	⑆ 1 2 3 4 ⑆	⑆ 1 2 3 4 5 6 7 8 9
ABA Routing Number	Check Number	Account Number