

# 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 on the **16<sup>th</sup> 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 on the **16<sup>th</sup> of the following month**. **The City will need to receive your completed Bank Drafting Agreement no later than the 5<sup>th</sup> 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**

