



BANK DRAFT FORM

Water Account#: _____

Customer Name: _____

Service Address: _____

Phone#: _____

Email: _____

Name(s) on bank account: _____

Bank Name: _____

Routing #: _____

Bank Acct#: _____

Start date: _____

Checking

Saving

*****Bank draft takes about 1-2 billing cycles to have account set up*****

I hereby authorize Town of Pecos City Water Department to electronically draft my bank account listed above for payment amounts every month for my water bills on a recurring basis. If my bank information changes, I am responsible for contacting the Town of Pecos City Water Department to make sure services are uninterrupted. This authorization is to remain in effect until revoked by me in writing at least 10 business days prior to the next draft.

Please attach a VOIDED CHECK

Signature: _____

Date: _____

UB Staff Signature: _____

Date: _____