



Automatic Bank Draft Authorization

In addition to this form, a voided check is required.

REQUIRED INFORMATION	ACCOUNT	EMAIL ADDRESS
	NAME	TODAY'S DATE
	ROUTING NUMBER	ACCOUNT NUMBER
	SERVICE ADDRESS	

SIGNATURE	I HEREBY AUTHORIZE THE CITY OF SMITHVILLE TO DEDUCT FUNDS FROM THE ACCOUNT INDICATED ABOVE ON THE 15 TH OF EACH MONTH FOR PAYMENT OF MY MONTHLY UTILITY BILL.
	I AM ALSO AUTHORIZING THE CITY OF SMITHVILLE TO SEND ALL FUTURE UTILITY BILLS TO THE EMAIL ADDRESS PROVIDED.
	I UNDERSTAND THAT BOTH THE CITY OF SMITHVILLE AND MY FINANCIAL INSTITUTION RESERVE THE RIGHT TO TERMINATE THIS PAYMENT PLAN OR MY PARTICIPATION THEREIN. I MAY ONLY STOP AUTOMATIC BANK DRAFT SERVICE BY NOTIFYING THE CITY OF SMITHVILLE IN WRITING.
	I FURTHER UNDERSTAND THAT IF TWO PAYMENTS IN ANY TWELVE-MONTH PERIOD ARE RETURNED DUE TO INSUFFICIENT FUNDS, MY PARTICIPATION IN THE AUTOMATIC BANK DRAFT PROGRAM MAY BE AUTOMATICALLY CANCELLED AND I WILL NO LONGER RECEIVE A BILL BY E-MAIL.
	SIGNATURE