



BANK DRAFT AUTHORIZATION

Please note that after returning this form to us, your bill will be drafted on the next due date of the monthly billing.

Name of bank or other financial institution _____

Routing number: _____

Bank Account number: _____

Please check one: Checking account _____ Savings account _____

I (we) authorize the City of Melissa to bank draft my (our) account for the payment of my (our) monthly Utility bill.

I (we) understand this authority shall remain in full force and effect until written notification of termination is received from me (us). I (we) understand that nothing contained in this Authorization shall serve to reduce my (our) obligation to pay my (our) utility bill, and services may be disconnected should I (we) fail to have sufficient funds in the above referenced account to cover the amount of the bill.

Print name as it appears on account.

Account Authorization Signatures & Date

Utility account #

Service Address

Phone #

Email Address _____

Return Authorization Form and Voided Check to:

City of Melissa Email (ub@cityofmelissa.com)

972-838-2035