



## Draft Authorization

Please allow at least two billing cycles for processing.

☐

Checking Account

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Savings Account

Name of Bank, Credit Union, or Savings & Loan: \_\_\_\_\_

Transit/ Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Name as it appears on your utility account: \_\_\_\_\_

Service Address: \_\_\_\_\_

Utility Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I hereby authorize the City of Aledo to execute ACH bank drafts from my utility billing account for monthly payments. I understand that this authority will remain in full force and effect until written notification of termination is received. I understand that nothing in this authorization shall serve to reduce my obligation to pay my utility bill. I also understand that I will be charged a \$35 fee and services may be disconnect shall I fail to have sufficient funds in the above reference account to cover the amount of the bill.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submit this completed form and a **VOIDED** check to:

City of Aledo  
ATTN: Utility Billing  
PO Box 1049  
Aledo, TX 76008

### FOR OFFICE USE ONLY

ACCEPTED BY: \_\_\_\_\_

DATE: \_\_\_\_\_