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|  | ELECTRONIC BANK DRAFT AUTHORIZATION |  |  |
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|  |  |  |
| Date |  | Name |
|  |  |  |
| Account Number |  | Physical Address |
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|  |
|  |  |   |  |
| Phone Number | Email Address |
|  |
| Mailing Address |
|  |  |  |  |  |
| City |  | State |  | ZIP Code |
|  |
| Bank Name and Address |
|  |  |  |
| Routing Number |  | Account Number |
|  |  |
| Checking/Savings |  |

**I, hereby, authorize The Town of Washington to draw drafts on my checking or savings account for payment of my monthly utility bill. I will give fifteen days written notice before terminationg this service. If you pay your bill in addition to your auto draft, your account will be credited. You have been notified.** **Signature Date** |  |