



# City of Winnsboro

## Approval to Bank Draft / Removal of Bank Draft

Service

Address: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### Customer Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alt #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Checking Account Number: \_\_\_\_\_

I authorize the City of Winnsboro to deduct from my checking account the amount of my monthly water bill and to make that deduction payable to the City of Winnsboro. I authorize the above named bank to pay my monthly utility bill and to deduct each payment from my checking account. I agree that each payment shall be the same as a check personally signed by me. I have the right to stop payment of a charge by timely notification to my bank and the City of Winnsboro prior to charging my account. I understand, however, that the bank and the City of Winnsboro each reserve the right to terminate this automatic bill payment service at any time.

I request the City of Winnsboro to STOP deduct from my checking account the amount of my monthly water bill effective immediately.

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

**PLEASE PROVIDE A VOIDED CHECK AND ATTACH TO THIS DOCUMENT.**

For Office Use	
Date	Received by: