



**CITY OF KAUFMAN
WATER BILLING DEPARTMENT
BANK DRAFT AUTHORIZATION**

Date: _____

To: _____

(Name of your Bank)

and: CITY OF KAUFMAN WATER DEPARTMENT Utility Billing

Until further notice, the above named bank is authorized to pay to THE CITY OF KAUFMAN Utility Billing Department, the amounts due on its bills for goods and services rendered at:

(Service Address)

by deducting from my checking account amounts stated in service bills presented on my behalf by The City of Kaufman Water Utility billing Department.

SIGNATURE OF DEPOSITOR: _____

NAME: (PLEASE PRINT) _____

ADDRESS: _____

CHECKING ACCOUNT #: _____

BANK TRANSIT #: _____

UTILITY BILLING ACCOUNT #: _____

Name of water customer if other than Depositor: _____

Where payment is made by Bank Draft and the Bank Draft is returned through the unavailability of sufficient funds, an additional charge of twenty (\$20.00) dollars will be made. In the event a subsequent Bank Draft is returned through unavailability of funds or insufficient funds within the same calendar year, an additional charge of twenty-five dollars (\$25.00) shall be made. Thereafter, only cash or money order payments will be accepted.

FOR OFFICE USE ONLY

Date entered in system: _____ Employee: _____

Date Discontinued: _____ Reason: _____