Bank Draft Authorization

The Utility Billing Department of the City of Amarillo is hereby authorized to draft monthly beginning _____ .

_____
Utility Customer Name

_____
Name of Bank

_____
Service Address

_____
Bank Street/PO Address

_____
Utility Account #

_____
City State & Zip Code

_____
Customer Daytime Phone

_____
Bank Routing Number

_____   _____
Customer Signature   Date

_____
Checking Account Number

PLEASE ATTACH A VOIDED CHECK TO THIS AUTHORIZATION FORM.

IF YOU WANT TO RECEIVE A BILL, PLEASE CHECK HERE _____ .