

Date: _____

Account# _____

CITY OF EAST TAWAKONI BANK DRAFT REQUEST

NAME ON ACCOUNT: _____

BANK NAME: _____

CITY, STATE & ZIP: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

I request the City of East Tawakoni to draft my checking account for my monthly water utility bill.

(Signature)

Please attach a voided check on the above account. Payment will be withdrawn on the last working day prior to the 15th of every month. You will still receive your bill as usual, noting the amount and will indicate that your bill is paid by bank draft.