



BANK DRAFT AUTHORIZATION

Please use this letter as your authorization to draft my bank account to pay my water/wastewater and sanitation bill issued to me by the City of Crosbyton.

NAME ON BANK ACCOUNT: _____

NAME OF BANK: _____

BANK ADDRESS: _____

BANK ACCOUNT NUMBER: _____

ROUTING NUMBER: _____

CHECKING ACCOUNT

SAVINGS ACCOUNT

CITY ACCOUNT NAME: _____

CITY ACCOUNT NUMBER: _____

Signature

Date

NOTE: The City of Crosbyton drafts water bills on the 4th of each month. Also, any bill paid from a draft will have the words PD BY DRAFT printed on your monthly statement. If these words do not appear on your bill, please contact our office immediately.