

BANK DRAFT AUTHORIZATION

**THIS FORM IS TO AUTHORIZE THE TOWN OF HEMINGWAY TO
DRAFT MY ACCOUNT EACH MONTH TO PAY MY UTILITY BILL.**

UTILITY ACCOUNT INFORMATION

NAME ON ACCOUNT _____

ACCOUNT NUMBER _____

TELEPHONE # _____

BANK INFORMATION

NAME OF BANK _____

BANK LOCATION _____

BANK TRANSIT # _____

BANK ACCOUNT # _____

NAME ON ACCOUNT _____

SIGNATURE _____

DATE _____

PLEASE ATTACH A VOIDED CHECK