

City of De Queen

Billing and Collections Division Bank Draft Authorization

Customer # _____
Customer Name _____
Service Address _____
City _____, State _____ Zip _____
Home Phone _____ Cell Phone _____
Bank Name _____
Bank Address _____
City _____, State _____ Zip _____
Routing/Transit Number _____
Checking Account No. _____

Bank Draft Authorization

I hereby authorize the City of De Queen to bank draft my checking account for payment of my monthly water/sewer/sanitation bills. I understand this authority shall remain in full force and effect until written notification of termination is received from me and the City of De Queen has a reasonable opportunity to process my cancellation request. I understand that nothing contained in this Authorization shall serve to reduce my obligation to pay my City of De Queen utility bill and that services may be disconnected should I fail to have sufficient funds in my designated account to cover the amount of the bill. Should my draft be dishonored by my financial institution the City of De Queen will no longer allow me to have drafts. I further understand that the name on the bank account to be drafted is the name that appears on the City of De Queen utility account. The attached voided check represents the account that is to be drafted.

Date _____ Signed _____

(Attach voided check here)