



**City of Kaufman
Water Billing Department
Bank Draft Authorization**

Date: _____

To (Name of your bank) : _____

And: CITY OF KAUFMAN WATER DEPARTMENT UTILITY BILLING

Until further notice, the above named bank is authorized to pay to THE CITY OF KAUFMAN Utility Billing Department, the amounts due on its bills for goods and services rendered at:

Service Address: _____

By deducting from my checking account amounts stated in service bills presented on my behalf by The City of Kaufman Water Utility Billing Department.

Signature of Depositor:

Name (Please Print):

Address:

Checking Account #:

Bank Routing #

Utility Billing Account #

Name of Water Customer if Other Than Depositor:

Where payment is made by Bank Draft and the Bank Draft is returned through the unavailability of sufficient funds, an additional charge of thirty (\$30.00) dollars will be made. In the event a subsequent Bank Draft is returned through unavailability of funds or insufficient funds within the same calendar year, an additional charge of thirty- five dollars (\$35.00) shall be made. Thereafter, only cash or money order payments will be accepted.

FOR OFFICE USE ONLY:

Date Entered into the System: _____ Employee: _____

Date Discontinued: _____ Reason: _____