



**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: _____