

AUTOMATIC DRAFT AUTHORIZATION – CITY OF ATTICA

Full Legal Name: _____

Account Number: _____

Service Address: _____

Billing Address: _____

Bank Name/Branch: _____

Account Number: _____

Routing Number: _____

Check the appropriate item:

_____ **Automatic Draft**

The undersigned hereby requests and authorizes the entire amount of my utility bill to be drafted from the above bank account.

_____ **I would like to cancel my automatic draft.**

The undersigned hereby cancels the authorization for automatic draft for the previously submitted draft authorization.

Utility Customer Signature

Date