



## DRAFT AUTHORIZATION

Please allow at least two billings for processing !

**Please check one:**

Checking Account

Savings Account

Name of Bank, Credit Union or Savings & Loan:

Bank address:

City, State and Zip Code:

Bank Account Number:

Transit/ABA Number:

I hereby authorize the City of Everman to draw drafts against my account for payment of my city utility bill. I understand that this authority shall remain in full force and effect until written notification of termination is received from me and the City of Everman and my banking institution have reasonable opportunity to act on it. I understand that nothing contained in this Authorization shall serve to reduce my obligation to pay my utility bill and services may be disconnected without notice or hearing should I fail to have sufficient funds in the above referenced account to cover the amount of the bill.

**Signature:**

**Date:**

**Name as it appears on City of Everman account (please print):**

**Account Number:**

**Home Phone Number:**

**Service Address:**

**Work/Cell Phone Number:**

Mail this completed form and a **VOIDED** check to:

**City of Everman  
ATTN: Utility Billing  
212 North Race St.  
Everman, TX 76140**