



**AUTOMATIC BANK DRAFT AUTHORIZATION FORM**

Please complete the following information and mail or fax this form to the City of Corsicana at the address or fax number listed below. Please provide a voided check with this completed form.

Printed Customer Name(s) shown on City of Corsicana Account Statement

City of Corsicana Utility Account Number

Service Address

City

State

Zip Code

Bank Name

Name(s) listed on the Bank Account

Bank Account Number

Routing Number

( ) -

( ) -

Daytime Phone Number

Evening Phone Number

Check one: ( ) Checking Account  
( ) Savings Account

I authorize the City of Corsicana Utilities to debit (draft) the account identified above each month for the amount of services billed on my water utility account. Additionally, I authorize my financial institution identified above to debit the same amounts from my account. I understand that this authorization will be in effect until I notify the City of Corsicana Utilities and my bank, in writing, that I no longer desire this service. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my utility account.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_