

ELECTRONIC BANK DRAFT AUTHORIZATION

TOWN OF WASHINGTON ACCOUNT NUMBER:
NAME:
PHYSICAL ADDRESS:
PHONE NUMBER:
EMAIL ADDRESS:
MAILING ADDRESS:
BANK NAME:
BANK ADDRESS:
ROUTING NUMBER:
BANK ACCOUNT NUMBER:
<input type="checkbox"/> CHECKING ACCOUNT
<input type="checkbox"/> SAVINGS ACCOUNT
I hereby authorize The Town of Washington to draw drafts on my checking or savings account for payment of my monthly utility bill. I will give fifteen days written notice before terminating this service. If you pay your bill in addition to your auto draft, your account will be credited. You have been notified.
SIGNATURE:
DATE: