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|  | ELECTRONIC BANK DRAFT AUTHORIZATION |  |  |
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|  | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | | | | | | | | | | Date |  | Name | | | | | | | | | |  | | | | | |  |  | | | | | Account Number | | | | | |  | Physical Address | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | |  | |  | | |  | | | Phone Number | | | | Email Address | | | | | |  | | | | | | | | | | | | Mailing Address | | | | | | | | | | | |  | | |  | |  | | |  | |  | | City | | |  | | State | | |  | | ZIP Code | |  | | | | | | | | | | | | Bank Name and Address | | | | | | | | | | | |  | | | | | |  |  | | | | | Routing Number | | | | | |  | Account Number | | | | |  | | | | | |  | | Checking/Savings | | | | | |  |   **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 terminationg this service. If you pay your bill in addition to your auto draft, your account will be credited. You have been notified.**  **Signature Date** | |  |