



**CITY OF PILOT POINT**  
**AUTOMATIC BANK DRAFT PAYMENT**  
**AUTHORIZATION FORM**

102 E. Main St.  
Pilot Point, TX 76258  
p: 940-686-2165  
f: 940-686-4338  
[www.cityofpilotpoint.org](http://www.cityofpilotpoint.org)

I (we) hereby authorize the City of Pilot Point to initiate debit entries to my account indicated below. I authorize the City of Pilot Point Water Utility Department to:

- Add** my utility account to initiate automatic bank draft payments
- Remove** my utility account from automatic bank draft payments status
- Change** bank account information for existing automatic bank draft payments

*Please allow up to 30 days for automatic bank payments to be completed on your water utility account for automatic bank draft payments. You will continue to receive your bill each month. The total amount due indicated on your bill will be the amount automatically withdrawn from your account. Automatic payments will be scheduled to debit your account on the 5<sup>th</sup> of each month (or the next business day following the 5<sup>th</sup> if 5<sup>th</sup> is on weekend or holiday). Please continue paying your bill until notification of automatic bank draft appears on your bill.*

**I agree to the following:**

1. I will provide the City of Pilot Point a **voided check with a copy of this form.**
2. I will be responsible for all fees resulting from uncollected payments due to non-sufficient funds, closed bank account, incorrect account number, etc.
3. I attest I am an authorized owner of the account listed below.
4. This authority is to remain in full force until I submit in writing that I wish to terminate.
5. If the automatic draft is being set up in lieu of a security deposit or to receive a 50% discount on the connect fee; then the account must stay on auto draft for at least 6 months with **NO** non-sufficient funds. If an NSF is received during the required 6 months the account will immediately be removed from ACH and the full deposit OR remaining connect fee will be added to the account.

**PLEASE PRINT CLEARLY**

Checking Account

Savings Account

\_\_\_\_\_  
Customer Name (as it appears on billing statement)

\_\_\_\_\_  
Financial Institution/Bank Name

\_\_\_\_\_  
Utility Account Number

\_\_\_\_\_  
Listed names on Financial/Bank Account

\_\_\_\_\_  
Physical Service Address

\_\_\_\_\_  
Financial/Bank Account Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Financial /Bank Routing Number

\_\_\_\_\_  
Date

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