



**CITY OF BULLARD**  
**EASY PAY – UTILITY ACCOUNT**  
**DRAFT AUTHORIZATION FORM**

**114 S. Phillips St., Bullard, TX 75757**

**Ph: 903.894.7223**

**FAX: 903.894.8163**

The City of Bullard will draft your bank account monthly upon submission of this form. **Please attach a voided check** and return this form to the utility billing department by mail, fax, or in person.

I understand that the **first draft will begin with the first billing after timely receipt of this form**, or if possible I would like the first bank draft to begin in the month of \_\_\_\_\_ .

I hereby authorize the City of Bullard to withdraw a draft from my bank account listed below on a monthly basis for services rendered, and if necessary, initiate adjustments for any transaction debited or credited in error. This authority will remain in effect until the City of Bullard is notified by me, in writing, to cancel and until the City of Bullard has reasonable time to make that change. I agree that the City of Bullard will charge an NSF fee for any dishonored draft and that a dishonored draft may result in disconnection of service, a reconnect fee or other penalties. Initiation or cancellation of this service may take up to 30 days. Until I receive a bill marked "BANK DRAFT - DO NOT PAY" I am responsible for payment on my own initiative. All drafts will be processed for payment on the due date of the bill.

**My information is as follows:**

Name on account: \_\_\_\_\_

Service address: \_\_\_\_\_

Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing address: \_\_\_\_\_

**Bank information:**

Name on account: \_\_\_\_\_

Bank name: \_\_\_\_\_

Bank routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

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