

**AUTOMATIC BANK DRAFT AUTHORIZATION FORM**

CITY OF BEEVILLE  
400 N WASHINGTON  
BEEVILLE, TEXAS 78102  
361-358-4641 Fax: 361-358-7355

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

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Printed Customer name(s) shown on City of Beeville Utility Account.

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City of Beeville Utility Account Number

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Service Address

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City

State

Zip Code

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Bank Name

Name(s) listed on bank account.

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(     )

(     )

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Daytime Phone Number

Evening Phone Number

Check one:  Checking Account  
 Savings Account

I authorize the City of Beeville 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 Beeville 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 \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_