



**City of Taylor Utility Billing Office
Automatic Bank Draft Authorization Form**

Our bank draft program is available to customers choosing to have their monthly utility bill automatically deducted from their checking account.

This program saves customers the cost of postage and checks, eliminates monthly check writing, and provides a record of payment on the customer's bank statement.

After you sign up for bank draft, it takes up two months for your request to become effective. When "Bank Draft - Do Not Pay" appears on your utility bill, written across the top of your payment coupon, you are set up on bank draft, and we will draft your payment from your bank account. If "Bank Draft - Do Not Pay" **does not** appear on your bill, you will need to pay the bill by the due date. **Please continue paying your utility bill until you receive a bill that reads "Bank Draft -Do Not Pay."**

We will draft the payment for your utility bill from your bank account on the day your utility bill is due. You will continue to receive your monthly bill at the regular time, providing you with your utility information and amount to be drafted.

To take advantage of this FREE service, simply sign this authorization form and return it, along with an **unsigned, voided check**, to the City of Taylor Utility Billing Office at 400 Porter Street for more information, please call 512-352-2066.

I (we) hereby authorize the City of Taylor, herein call Company, to initiate debit entries to my (our) **checking [] or savings [] account (select one)** indicated below and the depository named below, herein called Depository, to debit such account. I (we) understand that a NSF fee may be charged, as allowed by the applicable law, if any item is returned for any reason.

Bank Name _____

City _____ State _____

Transit ABA# _____ Bank Acct # _____
(Lower left-hand corner of your check)

This authority is to remain in full force and effect until Company and Depository have received written notification from me (us) of this termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it/at least one week prior to the billing date.

Customer Name _____

Service Address _____

Utility Acct # _____

Customer Driver's License # _____ Phone _____

Signature _____ Date _____

Please enclose an unsigned, VOIDED check with this form.