



**AUTOMATIC BANK DRAFTING IS HERE!**

How the service works

You will receive your monthly utility bill on your normal billing date. The bill will state “Bank Draft – **DO NOT PAY.**” Your bank will then deduct the billed amount one to two days before the due date and forward your payment to the Town. Please allow up to four weeks for drafting to be activated.

**What are the advantages?**

No monthly check to write      Saves on Postage      Never a late charge      Fast and Easy

**Is there a fee for this service?**

There is no charge for bank drafting, and it may be discontinued at any time simply by notifying the Town of Fairview in writing or by email to [utilitybilling@fairviewtexas.org](mailto:utilitybilling@fairviewtexas.org).

**How to enroll:**

Complete the “Bank Draft Authorization” form below. To find the Routing Number, contact your bank or other financial institution. This number should have nine digits. **Please send a voided check** from the account to be drafted. Mail the completed authorization form and voided check to the Town of Fairview, Utility Billing Office, 372 Town Place, Fairview, TX 75069. For additional information, call the Utility Billing Office at 972-886-4242 OR email [utilitybilling@fairviewtexas.org](mailto:utilitybilling@fairviewtexas.org).

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**BANK DRAFT AUTHORIZATION**

\*You may need to send in a check or confirm with our billing and collection office that this is not needed.

\_\_\_\_\_  
Name of Bank or other financial institution      Bank address      City      State      Zip Code

Please check one: [  ] Checking Account      [  ] Savings Account

\_\_\_\_\_  
Routing Number (nine digits)      Account Number

I (we) have given this authority to the Town of Fairview to bank draft my (our) account for the payment of my (our) monthly utility bill.

I (we) understand this authority shall remain in full force and effect until written notification of termination is received from me (us), and the Town of Fairview and the banking institution have a reasonable opportunity to act upon it. I (we) understand that nothing contained in this Authorization shall serve to reduce my (our) obligation to pay my (our) utility bill, and services may be disconnected should I (we) fail to have sufficient funds in the above referenced account to cover the amount of the bill.

Account Authorization Signature(s) (Each person who signs on the account must sign the authorization form.)

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

\_\_\_\_\_  
Name as it appears on the Town of Fairview account (Please Print)      Utility account number

\_\_\_\_\_  
Service Address      Home Phone #      Work Phone #

**Return this authorization and voided check to:**  
**Town of Fairview**  
**Utility Billing Office**  
**372 Town Place**  
**Fairview, TX 75069**

**FAX 972-548-0268; email: [utilitybilling@fairviewtexas.org](mailto:utilitybilling@fairviewtexas.org)**