

UTILITY BILL AUTO BANK DRAFT APPLICATION



No monthly check to write. No postage. No late fees. No cost to join.

*I authorize the Town of Fairview to bank draft my account for the payment of my monthly utility bill.
You will receive your monthly utility bill on your normal billing date.*

Account Number: _____ Service Address: _____

Name: _____ Cell/Work Phone: _____

I understand that nothing contained in this Authorization shall serve to reduce my obligation to pay my utility bill, and services may be disconnected should I fail to have sufficient funds in the above referenced account to cover the amount of the bill.

***** Please include a voided check or a bank authorization form *****

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

ABA Routing Number: _____

Account Number: _____

Type of Account: ☐ Checking ☐ Savings

Signature as shown on bank records:

Signature: _____ Date: _____

Place copy of check below