## UTILITY BILL AUTO BANK DRAFT



APPLICATION

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

**To enroll,** send a voided check or a bank authorization for the account to be drafted. Mail this completed form along with a voided check or bank authorization to the address at the bottom of this form. For additional information, call the Utility Billing office at 972-886-4242 or email UtilityBilling@FairviewTexas.org.

You will receive your monthly utility bill on your normal billing date. The bill will state "Bank Draft –<u>DO NOT PAY</u>." Your bank will then deduct the payment on the due date and will forward it to the Town.

		 Date	Primary pho	ne number
monthly utility k I (we) understan received. I (we) u to pay my (our) ut referenced acco	oill. d this authority inderstand that ility bill, and ser ount to cover th	shall remain in full force nothing contained in this vices may be disconnected ne amount of the bill.	pank draft my (our) account and effect until written no Authorization shall serve to I should I (we) fail to have su Ins on the account must sign	tification of termination is reduce my (our) obligation fficient funds in the above
Shecking Savings (Select one)		(Nine digits)  Account Number:	Nine digits)	
	City	Routing Number:	State	ZIP code
ık address :	Street			

Return this form with a voided check or a bank authorization to:

Town of Fairview

372 Town Place, Fairview, Texas 75069