



Customer Bank Draft Authorization Form

Instructions:

* Use only Blue or Black Ink

* Customer must complete Sections 1, 2, & 4

* Alterations must ne initialed

* Financial institution must complete Section 5 * Check all appropriate boxes

* Sections 3 & 6 for City Use

Section 1				Transaction Type							
<input type="checkbox"/> New Setup	<input type="checkbox"/> Change Financial Institution	<input type="checkbox"/> Change Account Number									
<input type="checkbox"/> Cancellation	<input type="checkbox"/> Change Account Type										
Section 2				Customer Information							
Billing Account Name			Account Number								
Street Address:			Phone Number								
City	State	Zip Code	Work Number								
Section 3				Payee Identification							
Federal Employer's Identification			75-6000576								
City of Kilgore			(903) 984-5081								
815 N. Kilgore Street	Kilgore	Texas	75662-5860								
Section 4						Authorization for setup, Changes, or Cancellation					
<p>I authorize the City of Kilgore to draft the account listed below for payments owed to the City for water, sewer, and garbage, and if necessary, entries and adjustment for any amounts withdrawn electronically in error. The City shall draft payments from the financial institution and account designated below. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that the drafts may be erroneously transferred electronically.</p> <p>I consent to and agree to comply with the National Clearing House Association Rules and Regulations and the City's rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.</p>											
Authorized Signature				Print Name				Date			
Section 5						Financial Institution					
Financial Institution Name				City				State			
Routing Transit Number (9 Digits)				Customer Account Number				Type of Account			
				<input type="checkbox"/> Checking				<input type="checkbox"/> Savings			
Bank Representative (Please Print)						Title					
Representative Signature (Optional)						Phone Number			Fax Number		
						Modem Number			Bank Code		
Section 6						Cancellation by City					
Reason						Date					

Mail or Email completed form along with cancelled/voided check to:
815 N. Kilgore St. or to Amy.Sander@CityofKilgore.com. For questions call 903-984-5081