



AUTOMATIC BANK DRAFT FORM FOR WATER UTILITY BILL

I authorize the City of Colleyville to begin deductions from my account with the financial institution named below, in the amount of my monthly utility bill. I understand that I may discontinue enrollment in the Automatic Bank Draft at any time, by sending my request, **in writing**, to the City of Colleyville. I will continue to receive my monthly utility bill for review only and that both my financial institution and the City of Colleyville have the right to terminate this payment option or my participation therein.

Name on Utility Bill: _____

Property Address: _____

Utility Account Number: _____ Customer Number: _____

Cell # _____ Email: _____

Last 4 digits of Driver's License #: _____

Type of Account That Will Be Drafted: Checking _____ Savings _____

Bank Name: _____

Name (s) appearing on your bank account: _____

Please print clearly to ensure proper data entry and avoid return payment from inability to locate checking/savings account.

Bank Routing Number (ACH): _____

Checking / Savings Account Number: _____

Please include a VOIDED CHECK from the above account

Payments will be deducted from your account on the due date or first business day following the due date. Processing could take up to thirty (30) days.

I authorize the City of Colleyville to auto deduct payments from my personal banking account:

Signature: _____ Date: _____

Mail To: City of Colleyville
P.O. Box 1016
Colleyville TX 76034-1016
ATTN: Utility Billing Dept.

OR

In Person: City of Colleyville -
Email: utilitybilling@colleyville.com
Drop Off: 100 Main St
Night Drop Box – Backside of Town Hall (In Glass Vestibule)