



Utility Billing Department  
418 W Henderson St.  
P.O. Box 657  
Cleburne Texas 76033  
817-645-0919

Date: \_\_\_\_\_

**BANK DRAFT**  
**PLEASE ATTACH A VOIDED CHECK**

I (we) hereby authorize the City of Cleburne to debit my (our) checking / savings account each month for the amount of services billed on my utility account. I also authorize my Financial Institution identified below to debit these amounts from my account number listed below.

The authority is to remain in full force and effect until the City of Cleburne has received written notification from me (us) of its termination in such time and manner as to afford the City of Cleburne and the financial institution a reasonable opportunity to act upon it.

I (we) will notify the City of Cleburne Utility Billing Department of any changes to my bank account, or if I transfer water service to another address with the city limits.

**The accounts will be drafted on the DUE DATE printed on your utility bill.**

**If for any reason the draft is returned from my financial institution unpaid, my water account will be charged a \$25.00 service fee.**

**Water Account  
Number:** \_\_\_\_\_

**Customer Name:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**Home No.** \_\_\_\_\_ **Other No.** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_

**Bank Address:** \_\_\_\_\_

**Bank No.** \_\_\_\_\_ **Checking** \_\_\_\_\_ **Savings** \_\_\_\_\_

**ABA/Transit Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Account Authorization Signature(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_