



AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFT

****Please submit with a blank
voided check****

Office Use Only:

Office Initials: _____

Date Received: _____

Date Entered: _____

Email: _____

Account Holder Information

Name: _____ Utility Acct # _____

Service Address: _____

Primary Phone #: _____ Email Address: _____

Bank Account Information

☐ Checking ☐ Savings

Routing # _____ Acct# _____

Name of Bank: _____

BY SIGNING I UNDERSTAND:

1. I authorize the City of Kyle to initiate debit entries from my bank account.
2. A pre-note transaction will be sent on the 15th of the month. Once successful, the full amount of the next utility bill will be automatically drafted on the due date (the 15th of each month).
3. I understand that I must continue to make manual payments until my utility bill states: "Do Not Pay – Paid by Draft." Failure to do so may result in late fees.
4. This authorization will remain in effect until I provide written notice to the Utility Billing Department to cancel automatic payments.
5. A \$38.06 fee will be charged for any returned payments due to insufficient funds, closed accounts, or other issues. I understand that it is my responsibility to notify the City of any changes to my bank account information.

I have read and understand my responsibilities, as well as the responsibilities of the City.

Applicant Signature: _____ Date: ____/____/____