

**City of Uvalde Utilities**

**101 E Main P.O. Box 799 Uvalde, TX 78801**

**Phone (830) 278-6616**

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**Bank Draft Authorization**

I (we) hereby authorize City of Uvalde Utility office to initiate payment for my monthly utility bill. This authority will remain in effect until the City of Uvalde Utilities Office is notified by me (us) to cancel this service.

**Customer's Name (Please Print):** \_\_\_\_\_

**Service Account:** \_\_\_\_\_ **Utility Account #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Checking Account** \_\_\_\_\_ **Saving Account** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Bank's Routing Number** \_\_\_\_\_

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

**Customer's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\* PLEASE ATTACH A COPY OF A VOIDED CHECK HERE\*\*\***