

City of Rockport Utilities Department

Authorization for Automatic Utility Bill Payment (**Bank Draft Form**)

I (we) authorize the city of Rockport and the financial institution named below to draft my (our) account described below for utility payments. I understand this authority will remain in full force and effect until the City of Rockport has received written notification from me (or either one of us) of its termination in such time and manner as to afford the City of Rockport a reasonable opportunity to act on it. ******* Please Note: The draft may take up to two billing periods before it takes effect, you will have to pay at least one more bill.**

Utility Account #: _____

Full Name (printed): _____

Service Address: _____

Mailing Address: _____

Telephone #: _____

Financial Institution Name: _____

Routing #: _____

(Found in the bottom left of your check)

Checking Account # _____

or Savings Account #: _____

Signature: _____ Date: _____

Driver's License #: _____ State: _____

D.O.B.: _____

Email address: _____

Please attach a voided check.