

## **City Of Farmers Branch**

Utility Billing Division / Customer Service 13000 William Dodson Parkway, P.O. Box 819010 Farmers Branch, Texas 75381-9010

## REQUEST FOR AUTOMATED WATER PAYMENT THROUGH BANK DRAFTING

City of Farmers Branch Automated Water Payment Application	Financial Institution To Be Charged
Name (on utility account):	Name (on Bank Account):
Service Address:	Bank Name:
Utility Account #:	_ City:State:
Drivers License #: State:	ABA Routing #:
Home Telephone #:	Bank Account #:
Work Telephone #:	-  -  PLEASE CHECK ONE & PROVIDE DOCUMENT:
E-mail Address:	Checking (provide voided check)
E-IIIdii Audi ess	Savings (provide savings account deposit
	ticket encoded with your account # by your bank OR a letter from your bank with your account # and
	OR dietter morn your paris with your account in and
I (WE) AUTHORIZE THE CITY OF FARMERS BRANCH TO II INDICATED AND FOR THE FINANCIAL INSTITUTION	
	NITIATE DEBIT ENTRIES TO MY (OUR) BANK ACCOUNT I TO DEBIT THE SAME TO SUCH BANK ACCOUNT
INDICATED AND FOR THE FINANCIAL INSTITUTION	NITIATE DEBIT ENTRIES TO MY (OUR) BANK ACCOUNT I TO DEBIT THE SAME TO SUCH BANK ACCOUNT  Name #2:
Name #1:	NITIATE DEBIT ENTRIES TO MY (OUR) BANK ACCOUNT I TO DEBIT THE SAME TO SUCH BANK ACCOUNT  Name #2:  Signature #2:
Name #1:Signature #1:	NITIATE DEBIT ENTRIES TO MY (OUR) BANK ACCOUNT I TO DEBIT THE SAME TO SUCH BANK ACCOUNT  Name #2:  Signature #2:
Name #1:	NITIATE DEBIT ENTRIES TO MY (OUR) BANK ACCOUNT I TO DEBIT THE SAME TO SUCH BANK ACCOUNT  Name #2: Signature #2: Date: account name – both signatures required)
Name #1:  Signature #1:  Date:  (If bank account name is different from utility  *****************Please Print, Complete, Sign a City of Farmers Branch	NITIATE DEBIT ENTRIES TO MY (OUR) BANK ACCOUNT I TO DEBIT THE SAME TO SUCH BANK ACCOUNT  Name #2: Signature #2: Date: account name – both signatures required)
Name #1:  Signature #1:  Date:  (If bank account name is different from utility  *********************Please Print, Complete, Sign a City of Farmers Branch Utility Billing Division / Customer Service	NITIATE DEBIT ENTRIES TO MY (OUR) BANK ACCOUNT I TO DEBIT THE SAME TO SUCH BANK ACCOUNT  Name #2: Signature #2: Date: account name – both signatures required)
Name #1:	NITIATE DEBIT ENTRIES TO MY (OUR) BANK ACCOUNT I TO DEBIT THE SAME TO SUCH BANK ACCOUNT  Name #2:  Signature #2:  Date: account name – both signatures required)  and Send to Address Below************************************
Name #1:  Signature #1:  Date:  (If bank account name is different from utility  *********************Please Print, Complete, Sign a City of Farmers Branch Utility Billing Division / Customer Service	NITIATE DEBIT ENTRIES TO MY (OUR) BANK ACCOUNT I TO DEBIT THE SAME TO SUCH BANK ACCOUNT  Name #2: Signature #2: Date: account name – both signatures required)
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