



BANK DRAFT AUTHORIZATION FORM

I (we) authorize the City of Seabrook to initiate debit entries to my (our) checking account indicated below, and the financial institution indicated below to debit such account. A VOIDED check (or copy) is attached. This authorization is to remain in effect until the City of Seabrook has written notification for me (us) of its termination. I (we) understand that both my (our) financial institution and the City of Seabrook have the right to terminate this payment plan or my participation therein. If automated payment is deemed insufficient by my (our) financial institution, a \$25.00 service fee will be charged to my (our) water account, and any charges incurred for my (our) financial institution will be my (our) responsibility. The first draft may take up to thirty (30) days from receipt of this authorization.

Name: _____ Utility Account(s) #: _____

Service Address: _____ Phone Number: _____

Email Address: _____

Financial Institution Information

Name of Financial Institution: _____

City: _____ State: _____ Zip Code: _____

Bank Routing #: _____ Bank Account #: _____

Signature: _____ Date _____

Please return this form to the City of Seabrook.

Contact Information: Phone: [\(281\) 291-5734](tel:2812915734) | Fax: (281) 291-5690 | Email: ub@seabrooktx.gov

OFFICE USE ONLY

Received by: _____ Date Received: _____

