

**City of Seymour**  
123 W. Market Street  
PO Box 247  
Seymour, Missouri 65746  
417-935-4401

**BANK DRAFT AUTHORIZATION FORM**

I (we) hereby authorize The City of Seymour, hereinafter called CITY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error, to my (our)  Checking  Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit same to such account. Note: Drafts to begin in 1 to 2 bill cycles.

BANK NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

This authority is to remain in full force and effect until CITY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CITY and DEPOSITORY a reasonable opportunity to act. In the event that the depository account does not have sufficient funds to cover the monthly payment, it will be your responsibility to manually pay the bill by cash or money order.

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

UTILITY BILLING ACCT. NO. \_\_\_\_\_

\_\_\_\_\_  
Signature of Customer

\_\_\_\_\_  
Date



**A VOIDED CHECK MUST BE ATTACHED TO THIS FORM.**