



161 Town Center Blvd.
Jarrell, TX 76537
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www.cityofjarrell.com

AUTOMATED BANK DRAFT AUTHORIZATION FORM

(PLEASE PRINT CLEARLY with blue or black ink)

Automated Bank Draft (ACH) is a service that is offered to all current City of Jarrell utility customers. This service is provided to allow customers to have their utility payment transferred directly from their checking account on the 15th of each month. To take advantage of this FREE service, simply complete the following Authorization Form and return it to the City of Jarrell Utilities Department, along with a canceled or voided check from the specified account. Please note that after you sign up for this service, it may take up to two months for your request to become effective. You will continue to receive your monthly bill in the mail and will need to make your payment as normal if you do not see the words “**DO NOT PAY**” printed at the lower left hand corner of your billing.

<i>Financial Institution Information</i>	
Date to begin: _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Name: _____	Branch (if any): _____
Address: _____	Office Phone: _____
_____	Routing/Trans #: _____
_____	Account #: _____

Please read the following carefully:

I hereby authorize the City of Jarrell Utilities Department to debit my checking account at the Financial Institution, as identified above, each month for services billed to my utility account. I also authorize my Financial Institution to debit said account for such billed services as submitted by the City of Jarrell. I further understand that any items returned to the City of Jarrell resulting in non-payment shall be processed as a returned check, in which a \$25.00 NSF fee shall be assessed. I understand that upon return of said item my utility account shall be considered delinquent and that I have 10 (ten) days from the date of notification to tender payment of cash, cashier’s check or credit card for the total sum of the returned item, plus the NSF fee, or utility services shall be subject disconnection. I agree that this authorization is to remain in full force and effect until the City or my Financial Institution have received written notification from me of service termination not less than one month prior to the billing date or until otherwise discontinued or suspended by the City of Jarrell. By signing below, I acknowledge and agree to all terms as outlined above.

Customer Name (printed)

Utility Account #

Service Address

Email Address

ID or DL #

State Issued

Customer Phone #

Customer Signature

Today’s Date

PLEASE INCLUDE A VOIDED OR CANCELED CHECK WITH THIS FORM