



City Of Farmersville

205 S. Main St.
Farmersville, TX 75442
Phone (972)782-6151 Fax (972)782-6604

BANK DRAFT AUTHORIZATION

DATE _____

NAME ON ACCOUNT _____

UTILITY ACCOUNT NUMBER _____

I, the undersigned authorize the City of Farmersville, to draw monthly drafts on my account for current utility bills and services furnished to me by the City of Farmersville, and I do hereby authorize you to honor such drafts, until such time as I may revoke this order.

Customer Signature _____

Address _____

Name of Financial Institution _____

Bank Routing Number _____

Customer's Bank Account Number _____