

**CITY OF GRAFTON
UTILITY BILLING
AUTOMATIC PAYMENT AUTHORIZATION**

(Please print)

Name as shown on your account _____ Daytime Phone _____

Service Address _____

Name/Address of Bank or Savings & Loan _____

WRITE ONLY ONE

ACCOUNT NUMBER: Checking _____ **OR** Savings _____

I authorize the City of Grafton Municipal Utilities Department and the financial institution named above to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Signature _____ Date _____

Attach VOIDED check here

Customer account number _____