



UTILITY BILLING BANK DRAFTING SIGN-UP FORM.

Customer Information	
Customer Name	
Service Address	
Mailing Address	
Phone Number	
Utility Account Number	
Banking Information	
Bank Name	
Bank Address	
Account Number	
Routing Number	
Account Type (Checking, Savings)	

Checking: Attach a voided check or letter from the bank reflecting the Account and Routing numbers.

Savings: Attach a deposit slip or a letter from the bank reflecting the Account and Routing numbers.

The charge against your Checking or Saving Account will occur on or around the 10th of each month.

Any changes to the Checking or Savings Account information **MUST** be reported to the City of Kodiak immediately. Failure to do so may result in the discontinuance of the bank drafting plan.

I understand in order to provide sufficient time to start, change, cancel or stop a payment through the bank drafting payment plan, I must notify the City of Kodiak no less than the 25th of the month in order for it to be effective on that month's billing.

I understand that to remain on the bank drafting payment plan, I must maintain sufficient funds in my designated account. A declined bank drafting will result in removal of the service and all amounts recorded as unpaid.

I hereby authorize and request the City of Kodiak, unless otherwise instructed by the undersigned, to charge for the service address above all utility fees rendered on the Utility Statement.

Print Name: _____

Signature: _____

Date: _____

Email: _____