

BANK DRAFT AUTHORIZATION FORM

Name

Street

Telephone Number

I authorize the City of Hickory Finance Department to draft the amount of my monthly bill from the financial institution listed below.

I understand that I must contact the Collections Office prior to any changes I make with the bank account being drafted to avoid a delay in draft or any related service fees.

Your Signature as accepted by bank.Date

- | | |
|--|-----------------------|
| <input type="checkbox"/> Water & Sewer | Acct # _____ -- _____ |
| <input type="checkbox"/> Fire Prevention | Cust # _____ |
| <input type="checkbox"/> Community Development | Cust # _____ |
| <input type="checkbox"/> Insurance | Cust # _____ |
| <input type="checkbox"/> Parking | Cust # _____ |
| <input type="checkbox"/> Other | Acct # / Cust # _____ |

I'd like you to draft my bill from:
(please check appropriate selection)

_____ **CHECKING ACCOUNT**
(please attach a "void" check)

Bank Name _____

Bank Transit Number _____

Bank Account Number _____

_____ **SAVINGS ACCOUNT**
(please attach a "void" deposit/withdrawal slip) Bank Name

Bank Name _____

Bank Transit Number _____

Bank Account Number _____