

City of Independence
BANK DRAFT AUTHORIZATION

This AUTHORIZES _____ CANCELS _____ the City of Independence Water Department to pay my water bill through automatic bank draft.

Name of Customer

Customer Address

Service Address

Water Account Number

Financial Institution _____

Bank Account Number _____

Bank Routing Number _____

Name as it appears on Bank Account _____

Billing address where your bank statement is sent:

Signature

Date Signed

If authorizing above, please attach a voided check for verification.