

Name: _____ Date: _____

To: City of Nederland
Finance-Billing/Collections
P. O. Box 967
Nederland, TX 77627

AUTHORIZATION FOR BANK DRAFT

Please draft my account with _____
(Name of Bank)

located in _____, for my utility bill account
(City & State)

each month. My bank account is a _____ account and is in the
(Checking or Savings?)

name of _____ account number _____
(name as it appears on bank account)

(Signature as required by bank)

Utility Account Information

(Name exactly as it appears on your utility bill)

(Utility Account Number)

(Street Address)

(Phone Number)

(City)

(State)

(Email address)

Mail Email Both

NOTE: Attach a copy of your blank voided check. The first month is a "trial run" with a NO CHARGE to your account. After the first trial month, your account will be drafted on your monthly billing due date. It is your responsibility to maintain sufficient funds in your bank account to cover the direct draft.

FOR OFFICE USE

Information verified? _____

Customer Service Rep: _____

Date Posted: _____