

## ACH DRAFT FORM

NAME \_\_\_\_\_ ACCT # \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

### BANK INFORMATION

NEW \_\_\_\_\_ UPDATE \_\_\_\_\_

NAME AS IT APPEARS ON THE CK/SAVING ACCT \_\_\_\_\_

BANK/NAME/ADDRESS \_\_\_\_\_

BANK ROUTING NUMBER \_\_\_\_\_

BANK ACCOUNT NUMBER \_\_\_\_\_

\* I authorize the City of Boerne to debit my bank account monthly the amount due to the City of Boerne for each bill for utility services.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### ACH DRAFT CANCELLATION REQUEST

NAME \_\_\_\_\_ ACCT # \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

**BANK ACCOUNT:** I request cancellation of the ACH DRAFT procedure on my utility account(s) as of (date)\_\_\_\_\_. I realize that I must give notification of cancellation at least twenty (20) days prior to my next billing date.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*\*FOR VERIFICATION PURPOSES, PLEASE INCLUDE A VOIDED CHECK WITH FORM\*\*\***  
If you have any questions, please contact the Customer Care & Billing Office at 830-249-9511.