

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

If you have any questions, please contact the Customer Care & Billing Office at 830-249-9511.