

#### **AUTOMATIC BANK DRAFTING IS HERE!**

How the service works

You will receive your monthly utility bill on your normal billing date. The bill will state "Amount Due will be Bank Drafted – DO NOT PAY." Your bank will then deduct the billed amount one to two days before the due date and forward your payment to the Town. Please allow four to six weeks for drafting to be activated.

# What are the advantages?

No monthly check to write Saves on Postage Never a late charge Fast and Easy

## Is there a fee for this service?

There is no charge for bank drafting, and it may be discontinued at any time simply by notifying the Town of Fairview in writing.

## How to enroll:

Complete the "Bank Draft Authorization" form below. To find the Routing Number, contact your bank or other financial institution. This number should have nine digits. Please attach a voided check from the account to be drafted. Mail the completed authorization form and voided check to the Town of Fairview, Utility Billing Office, 372 Town Place, Fairview, TX 75069. For additional information, call the Utility Billing Office at 972-886-4242 OR email utilitybilling@fairviewtexas.org.

#### BANK DRAFT AUTHORIZATION

	DAINE DIA	IIAO	HORIZAT	1011		
*Please note that after returning the and will not be drafted from your a						nformation is correct
Name of Bank or other financial institution		Bank address		City	State	Zip Code
Please check one: [ ] Checking Accou	int [] Savings Acc	count				
Routing Number  I (we) have given this authoriutility bill.  I (we) understand this authorime (us), and the Town of Fairview and nothing contained in this Authorizatio disconnected should I (we) fail to have Account Authorization Signature(s)	ty shall remain in full If the banking institution In shall serve to reduce It sufficient funds in the	force and on have a my (our) e above r	d effect until wareasonable opposition to justification to justification to justification according to the ferenced accord	our) accountification ritten notification portunity to pay my (our pay my to cover	cation of termin act upon it. I ( ) utility bill, ar the amount of	nation is received from we) understand that nd services may be f the bill.
Signature	Date		Signature		Date	
Name as it appears on the Town of Fairview account (Please			Utility account number			
Service Address		Home	Phone #	Work	Phone #	
Return this authorization and voided check to:			Town of Fairview Utility Billing Office 372 Town Place Fairview, TX 75069;			

FAX 972-548-0268; email: utilitybilling@fairviewtexas.org