



City of Dalworthington Gardens  
2600 Roosevelt Drive  
Dalworthington Gardens, TX 76016  
Office 817-274-7368 Fax 817-265-4401

## AUTOMATIC DRAFT AUTHORIZATION FORM

ENROLL

CHANGE

CANCEL

### CUSTOMER INFORMATION

NAME ON ACCOUNT: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### FINANCIAL INSTITUTION INFORMATION

ACCOUNT TYPE (circle one):                      BANK ACCOUNT / CREDIT CARD

**\*\* IF YOU ARE CHOOSING BANK ACCOUNT, PLEASE ATTACH A VOIDED CHECK \*\***

NAME ON CREDIT CARD: \_\_\_\_\_

CARD TYPE (circle one):                      VISA / MASTERCARD / DISCOVER

CARD NUMBER: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

BILLING ZIP CODE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

I certify that the information above is correct, that I am an authorized signer of the account provided, and that I authorize City of Dalworthington Gardens to draft the account above for the payment of monthly utility services.

#### **\*\* Terms & Conditions \*\***

When enrolled, your bank account or credit card will be automatically drafted each month on the 5<sup>th</sup>. If the transaction is returned by your banking or credit card institution for any reason, return check charges of \$30.00 will be applied. After **two** returned transactions in a period of 12 months, the account will be automatically un-enrolled from automatic draft.

At any time, you may cancel this service in writing with a picture identification.

**Please mail or fax this form to the address or fax number listed above. You may also include with your water bill payment. Due to privacy issues, please do not email this form.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date