



CITY OF BELTON - BANK DRAFT AUTHORIZATION FORM

506 Main St

Belton, MO 64012

816-331-4331 Fax 816-322-4620

This authorizes the City of Belton and my financial institution to automatically pay my monthly water/sewer bill out of my checking or savings account. I agree to all terms of authorization. Your first bill will be a prenote to test the draft, and the bank drafting will start with the following bill.

The draft will be processed three days before the bill due date to insure correct processing.

City of Belton Water Department Account Number: _____

Billing Cycle and Route: _____

Your name (as it appears on your water account): _____

Service Address: _____

Home Phone # _____ Work Phone # _____

Bank Account Number: _____ Checking Account Savings Account
Circle One

Bank Routing Number: _____

Please attach a voided check

Name of Bank: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Please attach voided check here