

Automatic Bank Draft Authorization Form

Name of Your Financial Institution

Branch

Routing Number

I authorize the City of Corpus Christi's Utilities Business Office to draft against my

_____ **checking**

_____ **savings account**

for payment of my monthly utility bill until this authority is revoked in writing by me. I agree that each payment will have the same effect as a check personally written, signed and submitted by me.

Signature (as accepted by your financial institution)

Date

Name (please print)

Address

Utilities Account Number (xxxxx-xxxxx)

Please complete, print, and mail to:

Utilities Business Office
ATTN: Bank Draft Unit
P.O. Box 9277
Corpus Christi, TX 78469

***** Be sure to enclose a voided check or deposit slip. *****