



City of Flatonia Utilities

REQUEST TO CHANGE BANK ACCOUNT INFORMATION

AUTHORIZATION FOR AUTOMATED PAYMENTS

I (we) hereby authorize the City of Flatonia, to initiate debit entries to my (our) new _____ Checking / _____ savings account (select one) indicated below, to debit same to such account on or about the 10th of each month for the monthly bills on my utilities service account.

CURRENT BANK ACCOUNT INFORMATION

BANK NAME: _____ BRANCH _____

CITY: _____ STATE _____ ZIP _____

TRANSIT/ABA NO: _____

ACCOUNT NO: _____

CHANGE TO BANK ACCOUNT INFORMATION

BANK NAME: _____ BRANCH _____

CITY: _____ STATE _____ ZIP _____

TRANSIT/ABA NO: _____

ACCOUNT NO: _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM **CUSTOMER**

NAME ON UTILITY ACCOUNT _____
(Please print or type)

SIGNATURE: _____ Date: _____

UTILITY ACCOUNT NUMBER(S) _____

TITLE (if a commercial account) _____

FOR OFFICE USE ONLY

Received by: _____ Date received: _____

Changes made by: _____ Date: _____