



BANK DRAFT APPLICATION

NAME _____

SERVICE ADDRESS _____

NAME OF BANK _____

BANK ADDRESS _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

You are hereby authorized to honor debits each month to my bank account.

As drawn by the CITY OF SAPULPA by use of a draft or by use of the normal water bill. The amount of the draft debited to my account shall be the exact amount of the water bill. I hereby make this notice effective until you are otherwise notified.

DATE _____ SIGNATURE _____

PHONE _____

PLEASE INCLUDED VOIDED CHECK WITH FORM