



## BANK DRAFT APPLICATION

NAME \_\_\_\_\_

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 bill. The amount of the draft debited to my account shall be the exact amount of the bill. I hereby make this notice effective until you are otherwise notified.*

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

PHONE \_\_\_\_\_

PLEASE INCLUDED VOIDED CHECK WITH FORM

