



**CITY OF LINDALE**  
**AUTHORIZATION TO DRAFT WATER ACCOUNT**

(Please bring proper ID when you come in to apply for bank draft.)

**\*I do hereby authorize The City of Lindale Water Department to draft my bank account for my monthly water bill.**

**\*I understand that I should receive a monthly statement by mail explaining the charges that I have been drafted for and that it is my responsibility to review my bill and contact the City of Lindale immediately if there appears to be a problem on the bill.**

**\*I have given City of Lindale a good mailing address and phone numbers so that I may be reached in case a question arises about my bill.**

**\*I understand that if my draft is ever returned to The City of Lindale as "insufficient" I will no longer be able to have my account drafted for the water bill for a year, and my water account will be billed \$25.00 for the insufficient draft fee.**

**Bank Name** \_\_\_\_\_ **Bank Ph# (where checks issued from)** \_\_\_\_\_

**Account #** \_\_\_\_\_ **Routing #** \_\_\_\_\_

**Checking Account**  **Savings Account**

**Water Acct. Name** \_\_\_\_\_ **Water Acct.#** \_\_\_\_\_

**Home ph#** \_\_\_\_\_ **Wk ph#** \_\_\_\_\_ **Cell ph#** \_\_\_\_\_

**Voided Check Attached**

(Attach voided check here)

**\_\_\_\_\_ I AM AWARE THAT IT IS MY RESPONSIBILITY TO UPDATE ANY INFORMATION ON MY DRAFT. FAILURE TO DO SO WILL RESULT IN MY PAYMENT DECLINING AND CAUSING FEES TO BE APPLIED.**

**Signature** \_\_\_\_\_ **Authorization Date** \_\_\_\_\_

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**\*\*\*\*Please pay your current bill for the last month's usage to remain current until the drafting takes effect. Your account will be "Pre-noted" on the next billing cycle, then drafted thereafter.**