ELECTRONIC BANK DRAFTING SERVICE AUTHORIZATION

In an effort to provide better service, the city is offering electronic bank drafting service for your quarterly trash and recycle collection bill payments. This can be arranged with almost any financial institution at no additional cost. For additional information call our Accounts Receivable Department at (940) 497-2226 Ext. 117.

You will receive your quarterly trash & recycle collection bill in the mail on your normal billing dates. The amount due will be deducted from your bank account on the 30th day of December, March, June, & September. For every draft that is returned, you will be charged a $10.00 returned check fee. If two drafts are returned within a 12-month period, the bank draft service will no longer be available.

What are the advantages?

No monthly check to write	Save Postage
Convenient	No late fees

Is there a fee for this service?

There is no charge for this bank draft plan and the automatic draft may be discontinued at any time by simply notifying the City of Lake Dallas in writing.

How to apply:

Complete all of the information on this form. To find the "Transit/Routing" number, contact your bank or other financial institution. This number should have nine digits. Please attach a voided check from the account to be drafted. Bring in or Mail this completed authorization form and voided check to the City of Lake Dallas Accounts Receivable Department at 212 Main St., Lake Dallas, TX 75065.

BANK DRAFT AUTHORIZATION

_____
Name of Bank or other Financial Institution

Please Check One: [ ] Checking Account [ ] Savings Account

_____ _____
Bank Account Number Transit / Routing Number

I (we) have given authority to the City of Lake Dallas to bank draft my (our) account for the payment of my quarterly trash and recycle collection account bill payment. I (we) understand this authority shall remain in full force and effect until written notification of termination is received from me (us), and the City of Lake Dallas and the banking institution have reasonable opportunity to act upon it. I understand that nothing contained in this Authorization shall serve to reduce my obligation to pay my (our) waste/recycle collection bill, including late charges, should I fail to have sufficient funds in the above referenced account to cover the bill amount.

Account Authorization Signature(s) (Each person who signs on the account must sign the authorization form).

_____ _____

Date: _____ Date: _____

_____ Account Number: _____
Name as it appears on the City of Lake Dallas Account (Please print)

(City of Lake Dallas Account Number)

_____ Home Number: _____
Service Address

_____ Work Number: _____
City, State, Zip