

BANK DRAFT FORM

**PLACE
VOIDED
CHECK
IN
THIS
BOX**

UtilityBilling@
citystaug.com

FAX 904-825-1039

**OR
MAIL**

City of St. Augustine
Utility Department
50 Bridge St
St. Augustine, Fl. 32084

- BANK DRAFT AUTHORIZATION FORM

YES, Sign me up for Bank Drafting. I authorize the City of St. Augustine to enroll me in the Bank Draft Plan and instruct my bank to automatically make my water bill payment for the account noted. I understand that I may discontinue this authorization at any time by notifying the Customer Service Division in writing.

- **PLEASE DEDUCT MY PAYMENT FROM:**

- Check Routing # _____

- Checking Account # _____

- City Water Account # _____

- Name of Financial Institution: _____

- Printed Name: _____

- Authorized Signature: _____

- (as shown on account)

- Date: _____

- Phone Number: _____

- E-Mail address: _____