



City of Freeport – Bank Draft Management

Customer & Account Information

- **Account Number:** _____
 - **Name on Account:** _____
 - **Service Address:** _____
 - **Mailing Address (if different):** _____
 - **Phone Number:** _____
 - **Email Address:** _____
-

Request Type

Please select one:

Start Bank Draft (ACH Enrollment)

Start Date: _____

Update Banking Information

Effective Date: _____

Cancel Bank Draft (ACH)

Effective Date: _____

Banking Information

(Required for new enrollments or updates)

- **Bank Name:** _____
 - **Routing Number:** _____
 - **Account Number:** _____
 - **Account Type:** Checking Savings
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Authorization Agreement

I hereby authorize the City of Freeport to initiate debit entries to my account listed above for payment of my utility bill. I understand that:

- Drafts will occur on the due date of each billing cycle.
 - It is my responsibility to ensure sufficient funds are available.
 - I may cancel or update this authorization by submitting a written request.
 - This authorization will remain in effect until the City of Freeport receives written notice of cancellation.
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Customer Authorization

- **Printed Name:** _____
 - **Signature:** _____
 - **Date:** _____
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City of Freeport Use Only

- **Processed By (Utility Department)** _____ **Date:** _____

Please attach a voided check or bank letter for verification when submitting this form.