



# Utility Customer Bank Account

## Drafting Application

City of Platte City, MO

400 Main St, Platte City, MO 64079

Phone-Main 816-858-3046 Fax 816-858-5402

I, the undersigned account holder, hereby authorize the City of Platte City to debit my bank account each month for amount due on my utility account. I understand that denial of the draft by my financial institution or card company will constitute an NSF event and the utility account will be subject to NSF fees, as well as service disconnection and reconnection fees. I verify that I am wholly responsible for any and all charges associated with this form of payment.

Print Name

Signature

Date

### UTILITY ACCOUNT INFORMATION

Utility Account Name

Utility Account #

Account Address

### BANK OR SAVINGS ACCOUNT INFORMATION

Name on Bank Account

Financial Institution

Financial Institution

Address

Financial Institution

Phone #

Institution Routing #

Checking or Savings

Account #

*(Attach a voided check. Thank you.)*

**Internal use only:**

Date received:

Processed by: