



## AUTODRAFT

**Name**

**Physical Address**

**Mailing Address**

**City**

**State**

**Zip Code**

**Town Account Number**

**Phone #**

**Financial Institution Name**

**Location**

**Routing #**

**Account #**

The Routing # is usually the first series of numbers at the bottom of a check.

**\*\*\*To ensure proper bank coding please attach a voided check\*\*\***

### Authorization Agreement

I authorize the Town of Clarkdale, Municipal Water & Wastewater Utility, to automatically draft my account at the financial institution named above for the monthly payment of my bill. I authorize the financial institution named above to withdraw from the designated account. Payment will be made on the scheduled draft (due) date shown on my bill.

I understand that I must contact the Town's utility billing department concerning bill discrepancies or to cancel this authorization at least five (5) business days before the scheduled withdrawal date. I will notify the Town's utility billing department if I change financial institutions or my account number changes.

I understand that the Town of Clarkdale and my financial institution has the right to terminate my participation in the Autodraft plan at any time. I understand that the Town of Clarkdale will impose a penalty if a bill is not paid by my financial institution, in the same manner as a check returned for insufficient funds.

It usually takes 1 to 2 billing cycles for Autodraft to take effect.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Mail this form and a voided check to PO Box 308, Clarkdale, AZ, 86324 or,  
drop this form and a voided check at the Utility Billing Department, 890 Main Street, Clarkdale, AZ.