

## Bank Draft Authorization (Please include a voided check)

Charge my account for	or the following	
☐ Water Bill:	Account Number	Monthly ONLY (until cancelled by property owner)
This is my authoriza	tion for The Town of Sever	n Devils to automatically debit my
Checking		
Savings		
Account Number:		<u> </u>
Routing Number:		
Financial Institutions	:	
City:	St	cate:
I understand that thi	s authorization will be in ef	fect until I notify Town Hall in writing that I no longer desire
		on my notification. I also understand that if corrections in the
	· ·	ljustment (credits or debits) to my account. I have the right to
	•	entry by notifying Town Hall before the account is charged.
	•	y account, I have the right to a credit to my account.
		knowledge and authorize the information reported above, and
that it is accurate to	the best of my knowledge.	
Name:		
Signature:		
Data		