

CITY OF BELLAIRE AUTOMATIC BANK DRAFT AUTHORIZATION

I hereby authorize the City of Bellaire to initiate withdrawals from my designated **checking account** at the financial institution named on this application. The withdrawals are to be made on the due date every month. I understand that the City of Bellaire and the financial institution reserve the right to terminate this plan and/or my participation therein.

Please complete the information below. Please mail to **City of Bellaire, Utility Billing, 7008 South Rice Avenue Bellaire, TX 77401**. For your convenience, you can also drop the completed form in the silver night drop box is located to the right of the City Hall entrance on South Rice Avenue.

Customer Information
_____ Name as it appears on bill
_____ Street Address
_____ City, State, and Zip Code
Home # _____
Work # _____
Mobile # _____
_____ City of Bellaire Account Number

Financial Information
_____ Name of Financial Institution
_____ Branch Name/ Branch Address
_____ City, State, and Zip Code
_____ Name as it appears on Financial Account
_____ Transit/ABA Routing Number
_____ Account Number
<i>Please include a voided check so we can verify your account number for proper payment and credit.</i>

I agree to maintain in my designated account a balance available for immediate withdrawal in an amount sufficient to pay each monthly bill in full as it becomes due. ***I also agree to notify the City of Bellaire prior to closing or changing my account.***

For more information please visit the City's website: <http://www.bellairetx.gov>, email (utilitybill@bellairetx.gov), or call (713-662-8253).

Signature

Date

FOR OFFICE USE ONLY

Bank Code _____

Approved By _____

Date Processed _____

PLEASE MAIL OR EMAIL THIS FORM WITH
A COPY OF A **VOIDED CHECK**:

City of Bellaire - Utility Billing
7008 S. Rice Avenue
Bellaire, TX 77401

Revised February 2021

EMAIL: utilitybill@bellairetx.gov