

**Automatic Bill Payment Authorization**

New Bank Draft       Change Existing Bank Draft

Bank Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

Your Account Number: \_\_\_\_\_

Bank's ABA Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you would like the convenience of paying this bill by bank draft, please complete the information to the left and attach a voided check. Your payment will be deducted from your account approximately 15 days after your bill date.