



## Enrollment in Automatic Bank Drafting

Office Use Only					
Clerk Initials				Account Number	
Identification Checked?	YES <input type="checkbox"/>	Valid Email Address Obtained?	YES <input type="checkbox"/>	Valid Account & Routing Number?	YES <input type="checkbox"/>

### Customer Information

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

Service Address: \_\_\_\_\_  
*Street Address*

Phone Number: \_\_\_\_\_ Valid Email Address: \_\_\_\_\_

### Account Holder Information

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

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

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

### Customer Agreement

Terms & Conditions
<input type="checkbox"/> I understand that by enrolling in this program the total amount due on my account will be drafted monthly on my due date. <input type="checkbox"/> I understand that to suspend or terminate this program, I am required to submit a request in writing 10 business days before my due date or the payment will still have the possibility of processing on the due date. <input type="checkbox"/> I understand that if my bank draft is declined for any reason, I will be charged a \$25 NSF fee and my account will be subject to penalties and/or disconnection. <input type="checkbox"/> I understand that I am required to submit a voided check and proper documentation to the City of Pearland to complete my enrollment in Bank Drafting.

Signature \_\_\_\_\_ Date \_\_\_\_\_