

City of Goliad Bank Draft Authorization

I, the undersigned Goliad Utility Department customer hereby authorize the City of Goliad to debit my account each month for payment of my utility bill. This is to be effective until countermand in writing.

Date of Application _____

Name _____

Mailing Address _____

Bank Name _____

Bank Account # _____

Beginning Month of Draft _____

Authorization Signature _____

Telephone Number: _____

VOIDED CHECK