

**PRINT This form and SEND TO:**

**Town of Wytheville BILLING DEPT**

**PO Box 533 Wytheville, VA 24382**

**BANK DRAFT AUTHORIZATION FORM**

**NAME-**\_\_\_\_\_

**STREET-**\_\_\_\_\_

**TELEPHONE NUMBER-**\_\_\_\_\_

**WATER AND/OR SEWER ACCOUNT NUMBER(S)** \_\_\_\_\_

**I authorize the Town of Wytheville Treasurer's Office to draft the amount of my monthly water and/or sewer bill from the financial institution listed below. I have the right to stop payment of my bill upon timely written notice to the Town of Wytheville Treasurer's Office.**

**Your signature as accepted by bank.**

**Date**

\_\_\_\_\_

**I'd like you to draft my water/sewer bill from (please check appropriate selection):**

**Checking Account**\_\_\_\_\_

**(please attach a "void" check)**

**Savings Account**\_\_\_\_\_

**(please attach a "void" deposit/withdrawal slip)**

**Name of Your Bank-**\_\_\_\_\_

**Bank Transit Number-**\_\_\_\_\_

**Bank Account Number-**\_\_\_\_\_