



City of Lakeport
Utility Department
225 Park Street, Lakeport, CA 95453
(707) 263-5615, Ext. 305 or 304
FAX (707)263-8584

AUTOMATIC DRAFT AUTHORIZATION

TO SIGN UP OR CHANGE AUTO DRAFT ON EXISTING UTILITY ACCOUNTS

UTILITY ACCOUNT INFORMATION

NAME _____ UTILITY ACCOUNT # _____
SERVICE ADDRESS _____ PHONE # _____
MAILING ADDRESS _____ DRIVERS LICENSE # _____

EMAIL ADDRESS _____

AUTOMATIC DRAFT FROM CHECKING OR SAVINGS

Complete this section only if drafting from checking or saving account.

*****A voided check is required for drafts from checking accounts*****

CHECKING SAVINGS

BANK NAME _____ BANK ACCOUNT # _____
NAME ON BANK ACCOUNT _____ BANK ROUTING # _____

I authorize the City of Lakeport to draft the account indicated above to pay my monthly utility bill. I understand that my auto draft will be drafted for the total amount due. **The payments are automatically deducted on the fifth day of each month.** If the fifth falls on a weekend, payment will be deducted the next business day. *Initial* _____

I understand that I must continue to make payments as usual until "Auto Draft – Do Not Pay" appears on my City of Lakeport utility bill. Failure to do so could result in late fees. *Initial* _____

This authorization will remain in effect until the City of Lakeport has received written notification of its termination. This auto draft will be terminated upon receipt of notification for insufficient funds or if declined or returned for any reason.
Initial _____

Signature _____ Date _____