



The City of Solvang

Bank Drafting Agreement

Authorization Agreement

I hereby authorize the **City of Solvang** to instruct my financial institution to make my utility payments from the account named below.

Payments will be deducted on the 10th of each month following billing on the first.

I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify the **City of Solvang** 30 days prior to discontinuance of service.

Please commence service on:

Service Information

Account in the Name Of: _____

Service Address: _____

Phone Number: _____

Account number/Customer number: _____

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

**Please attach a voided check and return this form to the City of Solvang.
FAX SIGNATURE WILL NOT BE ACCEPTED, ORIGINAL SIGNATURE ONLY**