



## **BANK DRAFT AUTHORIZATION**

Thank you for participating in our bank draft program. In order to initiate drafting your bank account, the form below needs to be completed and signed.

The following policies and procedures will govern the bank draft program:

**Billing:** You will continue to receive a monthly bill the first week of each month, showing data concerning your account and the total amount to be drafted from your bank.

**Date of Drafting:** Drafting of funds to pay your bill will occur on or about the 15<sup>th</sup> of each month (the nearest business day); this will allow you two weeks to contact our office concerning any questions you may have regarding your bill.

**Insufficient Funds:** If your account prevents the draft action due to insufficient funds, your account will be handled in the same manner as a returned check. Continuation in the draft program will be dependent upon arrangements you make with the office staff.

**Changes In Draft Information:** It is your responsibility to notify our office of any draft account information that may change.

**BANK DRAFT INFORMATION:** Please complete the information below and provide a voided check for the account to be drafted:

_____ Bank Name	_____ Account Number
_____ Bank Address	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
_____ City, State, Zip Code	_____ Routing Number
_____ Name on Account	_____ Signature & Date

### **BRWA ACCEPTANCE:**

_____ Account #	_____ BRWA Representative	_____ Date
--------------------	------------------------------	---------------

SERVICE AGREEMENT ON FILE:    ☐ YES                      ☐ NO