



CITY OF BELTON – BANK DRAFT AUTHORIZATION FORM

506 Main St.

Belton, MO 64012

816-331-4331 Fax 816-322-4620

This authorizes the City of Belton and my financial institution to automatically pay my monthly water/sewer bill out of my checking or savings account. I agree to all of the terms of authorization. I understand that my first bill will be a pre-note to test the draft, and bank drafting will start with the following bill.

City of Belton Water Department Account Number: _____

Billing Cycle and Route: _____

Your name (as it appears on your water account): _____

Service Address: _____

Home Phone # _____ Work Phone # _____

Bank Account Number: _____ Checking Account Savings Account

Circle One

Bank Routing Number: _____

Please attach a voided check

Name of Bank: _____

Bank Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Please attach voided check here