



CITY OF BURNET • UTILITY BILLING
BANK DRAFT REQUEST

PLEASE PRINT

P.O. Box 1369
1001 Buchanan Dr, Suite 4
Burnet, TX. 78611

Phone (512)756-6093

Fax (512)756-8560

Email utilities@cityofburnet.com

DATE TO BEGIN DRAFT: _____ **ACCOUNT NUMBER:** _____

UTILITY SERVICE ADDRESS:

CUSTOMER NAME (First MI Last):

BANK NAME:

BANK ADDRESS:

BANK ROUTING NUMBER:

BANK ACCOUNT NUMBER:

☐ CHECKING

☐ SAVINGS

ATTACH VOIDED CHECK COPY
OR DOCUMENTATION OF ACCOUNT INFORMATION FROM BANK

I understand that the bank draft will be submitted to the bank at a minimum of 2 days prior to the due date and hereby request that my monthly City of Burnet utility bill be paid automatically by bank draft.

CUSTOMER SIGNATURE: _____ **DATE:** _____

COB EMPLOYEE SIGNATURE:

DATE:

