



Authorization for Bank Draft

245 West 4th Street
PO Box 35
Wray, CO 80758
Phone: 970-332-4431
Fax: 970-332-0691

I hereby authorize the City of Wray to initiate automatic withdrawals from my account within 5 working days after the 5th of the month at the financial institution named below. I also authorize the City of Wray to make deposits to this account in the event that a debit entry is made in error.

Further, I agree not to hold the City of Wray responsible for any delay or loss of service due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in withdrawing funds from my account

This agreement will remain in effect until: 1) the City of Wray receives a written notice of cancellation from me, 2) I submit a new direct withdrawal form to the City of Wray, or 3) the City of Wray receives more than one automatic withdrawal returned for non-payment.

Name of financial institution _____

Routing Number _____

Account Number _____

Authorized Signature _____

Date _____

Utility Account Holder Name _____

Utility Account # _____

Phone _____

Please attach a voided check or deposit slip to verify account information.