

**TOWN OF BEAVER
DRAFT AUTHORIZATION
(ELECTRONIC)**

NAME & ADDRESS OF FINANCIAL ORGANIZATION MAINTAINING ACCOUNT:

TYPE OF ACCOUNT: Checking ☐ Savings ☐ (CHECK ONE)

Please pay and charge to my account all drafts drawn by the **Town of Beaver** to its own order once each month in the amount of utilities owed the Town of Beaver beginning upon receipt of this authorization.

This authorization will remain in effect until canceled by writing and until you actually receive such notice, I agree that you shall be fully protected in honoring any such draft.

I agree that your treatment of each such draft, and your rights in respect to it, shall be the same as if it were signed personally by me.

Date

Signature

OFFICE USE ONLY:

BANK ACCOUNT NO: _____

ROUTING NO: _____

TOWN ACCOUNT NO: _____

Complete form, enclose a voided check and return to:

Town of Beaver, PO Box 698, Beaver, OK 73932