



## AUTOMATIC BANK DRAFT AUTHORIZATION FORM

*All information is required before processing.*

<u>PERSONAL INFORMATION</u>		<u>FINANCIAL INFORMATION</u>	
Name (Please Print)		Name of Financial Institution	
Home Address		Financial Institution Address	
City, State and Zip		Financial Institution City, State and Zip	
Telephone Number		Financial Institution Telephone Number	
Type of Account: (Please check one)	Bank Routing Number	Bank Account Number	
Checking <input type="checkbox"/> (provide voided check)			
Savings <input type="checkbox"/>			

I grant authority to the Town of Queensbury to draft my account listed above for payment amounts due on the account (s) listed below. I understand this will take effect the next billing cycle. The financial institution listed above is authorized to pay such drafts when so drawn and presented for payment until authority is revoked.

\_\_\_\_\_  
Signature (as accepted by your Financial Institution)

\_\_\_\_\_  
Date

**PLEASE LIST BELOW ACCOUNT NUMBER(S) FOR EACH ACCOUNT YOU WOULD LIKE TO BE PAID BY BANK DRAFT:**

SERVICE ADDRESSES & CORRESPONDING ACCOUNT NUMBERS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Forward Completed Authorization Form (and voided check if applicable):**

Queensbury Water Department  
 Attn: Billing Dept.  
 823 Corinth Road  
 Queensbury, NY 12804

**If you have questions, please contact the Receiver of Taxes at (518) 761-8234**