



424 N. Sappington Road Glendale, Missouri 63122 (314) 965-3600 fax (314) 965-4772

Bank Draft Authorization Form

NAME _____

Phone Number _____

Address # _____

Name of Bank where account is located _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

Type of account: (check one) Checking Savings

Disclaimer: I authorize the City of Glendale to electronically access my account identified above with the sole intent of drafting funds to pay the utility bill.

Signed _____ date _____

Please print name _____

*******PLEASE ATTACH A VOIDED CHECK (for Checking Account) OR A DEPOSIT SLIP (for Savings Account).**

PLEASE NOTE: All debits from bank accounts will be effective on the following dates each year. If this date falls on a Saturday or Sunday, the debit from your account will take place the following Monday.

January 15
July 15

April 15
October 15