



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

Bank Draft Authorization Form

Name _____

Phone Number _____

Address _____

Email _____

Name of Bank where account is located _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

Type of account: 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 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. Bank draft begins the quarter *after* you sign up. If this date falls on a Saturday or Sunday, the debit from your account will take place the following Monday. ACCOUNT STATEMENTS WILL BE SENT VIA EMAIL. PLEASE ADVISE CITY HALL (314)965-3600. IF YOU WOULD PREFER A PAPER COPY.

January 15
July 15

April 15
October 15