

**CITY OF CLOVIS**  
P.O. BOX 760  
CLOVIS, NM 88102  
**DRAFT AUTHORIZATION**

Name Of Bank: \_\_\_\_\_

Routing No: \_\_\_\_\_ Account No: \_\_\_\_\_

Name On Account: \_\_\_\_\_

You will continue to receive a bill that will be marked "DRAFT - DO NOT PAY". Please include a valid mailing address. Drafts are processed the 15<sup>th</sup> day of the month.

Mailing Address: \_\_\_\_\_

Mailing City: \_\_\_\_\_ Mailing State: \_\_\_\_\_ Mailing ZIP: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Which city accounts would you like to pay with this bank account?

Garbage – Account Number: \_\_\_\_\_  Monthly  Quarterly

Sewage – Account Number: \_\_\_\_\_  Monthly  Quarterly

Business Garbage – Account Number: \_\_\_\_\_

Business Registration – Account Number: \_\_\_\_\_

Extra Dumping – Account Number: \_\_\_\_\_

T-hanger – Account Number: \_\_\_\_\_

Other – Account Number: \_\_\_\_\_

Other – Account Number: \_\_\_\_\_

I hereby authorize the City of Clovis to draft the bank account listed above to pay the city accounts listed as marked. I hereby affirm that the information listed above is true and correct. I also affirm that I am an authorized signature holder on the bank account listed.

\_\_\_\_\_  
Account Holders Signature

\_\_\_\_\_  
Date

**PLEASE PROVIDE A VOIDED CHECK FOR VERIFICATION PURPOSES**  
**NO DEPOSIT SLIPS**