



BANK DRAFT REGISTRATION

City of Lago Vista - Utility Billing
PO Box 4727, Lago Vista, TX 78645
512-267-1155
utilitybilling@lagovistatexas.gov

CUSTOMER INFORMATION

Name: _____

Account Number: _____

E-mail Address: _____ Phone Number: _____

FINANCIAL INSTITUTION INFORMATION

ATTACH A COPY OF A VOIDED CHECK TO THIS APPLICATION

Bank Name: _____

Bank Routing/Transit #: _____

Name on Account: _____

Account Number: _____

- I certify that the above information is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.
- I authorize The City of Lago Vista to deduct my utility payments from this bank account via Electronic Fund Transfer. Bank drafts will be processed on or after the 5th business day of the month, even though bills are not due until the 15th.
- I understand sending a written notification to The City of Lago Vista will revoke this authorization.
- The City of Lago Vista reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice.

Print Authorized Name: _____

Authorized Signature: _____