



City of Canton  
 201 N. Buffalo  
 Canton, Texas 75103

## BANK DRAFT Agreement Form

Tel: (903) 567-2826  
 Fax: (903) 567-1793

### Bank Draft Agreement Form

#### Authorization Agreement

I hereby authorize **City of Canton** to initiate automatic debits to my account at the financial institution named below.

Further, I agree not to hold **City of Canton** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **City of Canton** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

#### Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

#### Signature

Authorized Signature (Primary): \_\_\_\_\_ **Date:** \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ **Date:** \_\_\_\_\_

**Utility Billing Account #:** \_\_\_\_\_

**Please attach a**  
**voided check .**