

# CITY OF COLEMAN

200 W. LIVEOAK ST.  
P.O. BOX 592  
COLEMAN, TEXAS 76834

PHONE: 325/625-4116

FAX: 325/625-5837

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## DRAFT AUTHORIZATION FORM

DATE: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I authorize the City of Coleman to draft monthly on my account for utilities.

\_\_\_\_\_  
SIGNATURE

The first draft date will be: \_\_\_\_\_

Request taken by: \_\_\_\_\_

Date: \_\_\_\_\_

Please fill out Bank Draft Information:

BANK NAME: \_\_\_\_\_

BANK ROUTING #: \_\_\_\_\_

BANK ACCOUNT #: \_\_\_\_\_