



CITY OF CONVERSE  
WATER BILLING

407 South Seguin  
Converse, Texas 78109  
(210) 658-1965  
FAX: 659-3557

Web Site: [www.conversetx.net](http://www.conversetx.net)  
E-mail: [utdeposit@conversetx.net](mailto:utdeposit@conversetx.net)

CITY OF CONVERSE  
AUTOMATIC DRAFT AGREEMENT

(If you have multiple accounts, we must have a form for each one)

I authorize the City of Converse to begin drafting my monthly Utility bill from my account with the financial institution named below. I understand that the funds may be removed as early as **three (3) days before** the actual due date. (Draft date may change due to Holidays, etc) I am also aware that I will still receive a statement from the City of Converse for review only.

I understand that I may discontinue participation in the Automatic Draft at any time by sending a **written** request to the City of Converse. In addition, it is my understanding that both the City of Converse and my financial institution have the right to terminate this payment plan or my participation therein.

In the event that there are not sufficient funds available at the time of the bank draft, I understand that I will be charged a \$25.00 NSF (non-sufficient funds) fee. To avoid discontinuation of service, I must bring in payment in **FULL** to the City of Converse, plus the NSF fee. Payments for NSF must be made by **CASH or MONEY ORDER ONLY!** After two such incidents, I will be terminated from the APP and will be placed on a cash only basis.

CHECK ONE:

New Agreement Application

Change of Bank or Account Only

Name: \_\_\_\_\_ Utility Bill Account #: \_\_\_\_\_

Service Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

Name Appearing on Bank Account: \_\_\_\_\_

Type of Account:  Savings  Checking

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

(By signing above, I agree to above terms and conditions)

Attach Voided Check (MANDATORY)

\*\*\*The bank drafts will not pre-note, so make sure to give the right information to assure that your payment will be drafted correctly. The City of Converse is not responsible for wrong information being provided.\*\*\*

FOR OFFICE USE ONLY:

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

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

COMPLETED BY: \_\_\_\_\_ CHECKED BY: \_\_\_\_\_