



OXFORD
UTILITIES

BANK DRAFT AUTHORIZATION

Customer Information

Name (as shown on Utility Bill) _____ Utility Bill Account # _____ Phone Number _____

Service Address _____

Bank Information

Bank Name _____ Name on Bank Account _____ Bank Phone Number _____

Bank Routing Number (9 digits) _____ Bank Account Number _____

Important Note and Signature

It will not be necessary for Oxford Utilities or anyone employed by it to sign such drafts or checks, and I agree that your rights in respect to each draft or check shall be the same as if issued and signed personally by me. I agree that you shall be under no obligation to furnish me with any special advice or notice in writing or otherwise of the presentment or payment of any such draft or check or the charging of the same to my account. This authorization is to remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such draft or check. I hereby authorize my bill at Oxford Utility to be paid by my bank.

Signature _____ **Date** _____

**Please Attach A VOIDED Check
For Account Verification**