



CITY OF SOLVANG

SOLVANG, CALIFORNIA

Bank Drafting Agreement

Authorization Agreement

I hereby authorize the **City of Solvang** to instruct my financial institution to make my Utility payments from the account named below. **Payments will be deducted on the 10th of each month.** The City will need to receive your completed Bank Drafting Agreement no later than the 25th of the month to process payment for the current bill.

I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify the **City of Solvang** 30 days prior to discontinuation of this service.

There will be a fee on all returned drafts - \$30.00

Service Information

Account in the Name of: _____

Service Address: _____

Phone #: _____ Account #: _____

Email Address: _____

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a **voided check or proof of banking** and return this form to the Utility Billing Clerk at City Hall. A silver drop box is available for after-hours, located in the alley way between City Hall and the parking lot.

ORIGINAL SIGNATURES ONLY, EMAIL WILL NOT BE ACCEPTED