

**TOWN OF BURNS FLAT**  
**P.O. Box 410**  
**Burns Flat, OK 73624-0410**  
**Phone: 580-562-3144**  
**Fax: 580-562-3146**

**TRUSTEES**  
Tony Dorman Sr.  
Rod McKone  
Candace Bond  
Barry Hill

**Town Administrator**  
Joel Newberry

**Mayor, Terry Field**

**BURNS FLAT UTILITIES**  
**AUTO-DRAFT BILL PAYMENT AUTHORIZATION FORM**

Complete this form and return the form with a voided check or a copy of a check to the Burns Flat Utilities Authority, 222 Hwy 44, PO Box 410, Burns Flat, OK 73624-0410.

You should continue to pay your bill until you receive your first bill which indicates that your bill has been "PAID BY DRAFT".

Direct payments will be sent to the bank for collection on or around the 10<sup>th</sup> of each month (check your bill for due date). No exceptions will be made to the due date.

An account that receives an insufficient funds notice (NSF) will be assessed a penalty of twenty-five (\$25.00). Once an automatic bank draft account receives an insufficient funds notice, that account will be removed from automatic bank draft & check writing privileges for a least one (1) year.

Burns Flat Utilities Account # \_\_\_\_\_

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

Name of Bank \_\_\_\_\_

Name(s) on Bank Account \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Cell or Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

I hereby authorize my financial institution to debit my account in the name of Burns Flat Utilities Authority. This authorization is to remain in full force and effect until the Burns Flat Utilities Authority has received written notification from me (or us) of its termination in such time and manner as to afford the Burns Flat Utilities Authority and the named financial institution a reasonable opportunity to act on it.

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

**IT IS RECOMMENDED THAT YOU SEND A VOIDED OR COPY OF A CHECK ALONG WITH THIS FORM TO ENSURE BANKING INFORMATION IS CORRECT.**