



The Town of Warrenton
P O Drawer 341 Warrenton VA 20188

AUTOMATED BANK DEBIT SERVICE AUTHORIZATION FORM

Name(s)	
Address	
Social Security Number(s)	
Daytime Phone	Home Phone

UTILITY ACCOUNT INFORMATION	
Account No.	Property Address

_____ I authorize my financial institution to accept payment requests from the Town of Warrenton Finance Office on the due date and post them to my bank account. I understand that if any information listed on this authorization changes or if I decide to withdraw this authorization, I must contact the Finance Office. I have read and understand my rights and obligations as a participant of this program.

Financial Institution

**PLEASE ATTACH A VOIDED
CHECK OR A COPY**

Signature

Date

