



City Of Mont Belvieu

Utility Billing
11607 Eagle Dr
P.O. Box 1048
Mont Belvieu, TX 77580

(281) 576-2213 option 4
utilitybilling@montbelvieu.net
www.montbelvieu.net
Hours: 8:00 a.m. - 5:00 p.m. M-F

Bank Draft Authorization Form

A voided check or bank letter must accompany this form. The bank account must belong to either the account holder or additional contact to be approved.

Account # _____ Customer Name _____

Driver's License # _____ Phone # _____

Email Address _____

Service Address _____

Authorization to Set Up ACH Bank Draft

Name of Financial Institution: _____

Name on Bank Account: _____

Rounting Number: _____

Account Number: _____

This is a Checking Account

This is a Savings Account

By selecting this box, and signing this form, I authorize the City of Mont Belvieu to debit my account, identified above, each month for the amount of my utility bill. I also authorize the financial institution, identified above, to debit my account for the same amount.

Authorization to Remove ACH Bank Draft

By selecting this box, and signing this form, I authorize the City of Mont Belvieu to remove automatic ACH bank draft from my utility account. I understand I will now be required to pay my bill using an alternate method.

Customer Signature

Date