



## DRAFT INFORMATION FORM

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Account Type: \_\_\_\_\_

Account Number: \_\_\_\_\_

I, \_\_\_\_\_, hereby give my permission for the  
City of Cameron to:

Begin Draft

Stop Draft

Bank Name: \_\_\_\_\_

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

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

Checking Account

Savings Account

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Signature

**Please attach a copy of a voided or cancelled check.**