Print Form

P.O. Box 90231 M/S 34-0100
Arlington, TX 76004-0231
817-459-5570 Fax: 817-466-8653

BANK DRAFT AUTHORIZATION FORM

I authorize the City of Arlington to debit (draft) my account each month for the amount due under my T-hangar, Tie Down, Office Suite or Land Lease agreement. I also authorize my financial institution identified below to debit these amounts from my account. I understand this authority shall remain in full force and effect until written notification of termination is received. Should I fail to have sufficient funds in the account to cover the amount of the bill, it shall be deemed to be an event of default by Lessee under the applicable terms of the lease.

Please Print, or Type, and Return with a Voided Check

NAME OF FINANCIAL INSTITUTION

CITY

STATE

ZIP

PLEASE CHECK THE APPROPRIATE SELECTIONS:

BANK	☐	CREDIT UNION	☐
BROKERAGE ACCOUNT	☐	OTHER	☐

IS THIS A CHECKING ACCOUNT? ☐ SAVINGS ACCOUNT? ☐

CUSTOMER NAME

ADDRESS

T-HANGAR # TIE DOWN # OFFICE SUITE # ☐ LAND LEASE

AVIATION CUSTOMER ACCOUNT NUMBER

CHECK HERE IF SUB-LEASING ☐ NAME OF LEASEHOLDER

SIGNATURE DATE

A COPY OF YOUR VOIDED CHECK MUST BE ATTACHED.

WE LOOK FORWARD TO PROVIDING THIS ADDITIONAL SERVICE TO YOU. PLEASE RETURN THIS FORM TO :

ARLINGTON MUNICIPAL AIRPORT
5000 S. COLLINS STREET, #100
ARLINGTON, TX 76018

OR, FAX THIS COMPLETED, SIGNED FORM WITH YOUR VOIDED CHECK T**O 817-466-8653**