

City of Cordele

Bank Draft Authorization



START DRAFT		STOP DRAFT	
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REQUEST DATE _____

EFFECTIVE DATE _____

UTILITY ACCOUNT # _____

ACCOUNT NAME _____

SERVICE ADDRESS _____

PHONE # _____

BANK NAME _____

BANK CITY & STATE _____

BANK ACCOUNT NUMBER _____

BANK ROUTING NUMBER _____

NAME ON BANK ACCOUNT _____

[Please attach a void check or deposit slip for the City's records. FDIC regulations require this documentation to be on file.](#)

I hereby authorize the City of Cordele to debit my bank account, as noted above, to cover my utility bill each month. I understand that my account will be debited automatically on the due date of my bill each month. This authorization is to remain in effect until the City of Cordele has received written notification of its termination. The notification should be submitted so as to allow the City sufficient time to notify the bank to stop any future drafts. Should an automatic debit be returned by the bank for nonpayment, I understand that my bank draft authorization will be revoked. I also understand that the City's returned check policy will be applied, which will result in applicable collection fees being charged to my account.

CUSTOMER SIGNATURE: _____ DATE: _____

Return completed form with supporting bank documentation to City Hall or mail to City of Cordele
PO Box 569
Cordele, GA 31010-0569

Entered by: _____ DATE: _____

Verified by: _____ DATE: _____

Revised 01/25/2024

9:22 PM

7/3/2025

Utility Service Application