

City of Cordele Bank Draft Authorization



START DRAFT

STOP DRAFT

REQUEST DATE _____

EFFECTIVE DATE _____

UTILITY ACCOUNT # _____

ACCOUNT NAME _____

SERVICE ADDRESS _____

BANK NAME _____

BANK CITY & STATE _____

BANK ACCOUNT NUMBER _____

BANK ROUTING NUMBER _____

NAME ON BANK ACCOUNT _____

I hereby authorize the City of Cordele to debit my bank account, as noted above, to cover my utility bill each month. I understand 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 from me 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, 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 _____

Banking regulations require a void check or deposit slip for the City's records.

FOR OFFICE USE

ENTERED BY-DATE _____

VERIFIED BY-DATE _____