

THORSBY WATER WORKS

P.O. BOX 608

THORSBY, AL 35171

PHONE:205-646-3575

FAX:205-646-2414

BANK DRAFT FORM

Fill out form completely and return this form and a Voided Check thru mail, email-townofthorsby@centurytel.net, or drop it by our office. **You will receive a bill EVERY MONTH by email.** If you do not have an email address, we can mail the bill to you. This is to let you know how much to take out of your banking account. If you have any more questions on the Bank Drafting call 205-646-3575.

BANK DRAFTS ARE PROCESSED ON THE 10TH OF EVERY MONTH

Water Account #- _____
Name on Water Account- _____
Service Address- _____
Billing Address- _____
Customer Phone #- _____
Email Address: _____

DEBIT AUTHORIZATION

I (we) hereby authorize Town of Thorsby Water Works, hereinafter called Thorsby Water Works, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for Water Utility Bill. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution

Branch

Address

City/State/Zip

Routing Number

Account Number

Type of Account: _____ Checking _____ Savings

Amount (or how amount is determined): _____

Frequency (Weekly, monthly etc.): _____ Start Date (if recurring): _____

Date of Debit (s): _____

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

(Note: For varying amounts the company must send, based on the *NACHA Operating Rules*, written notification of the amount and the date on or after which the transfer will be debited at least ten calendar days in advance of the debit. If the date varies, the *Rules* state that the Originator must send the Receiver notification of new date at least seven calendar days in advance of the debit.)

This authority is to remain in full force and effect until Company has received notification from me (us) of its termination. Termination of authorization must be in writing by mail to Town of Thorsby, PO Box 608, Thorsby, AL 35171 and must be received at least ten (10) days prior to the proposed effective date of the scheduled entry.

I have received a copy of this signed authorization.

Print or Type Individual Name

Signature

Date