



**City of Decatur
Utility Billing
Bank Draft Authorization Form**

Please Print

Last Name *First Name* *Phone*

Service Address *City* *State* *Zip*

Mailing Address (If different from Service Address) *email address*

PLEASE CHOOSE ONE PAYMENT PREFERENCE WITH REQUIRED INFORMATION

- Payment from Checking** **Payment from Savings**
(Attach a voided check) *(Attached a voided deposit slip)*
- Voluntary Parks/Main St. Donation \$1** **Change Account Information** **Stop Payment**

Name of Financial Institution

Address *City* *State* *Zip*

Bank Routing# *Bank Account#*

Verify with your financial institution prior to signing the authorization form that they do participate in bank drafting and determine if there is a bank fee to you for the service.

You will continue to receive your monthly billing indicating your consumption, amount owed and due date. The total amount of your bill is electronically deducted from your checking or savings account each month on the **DUE DATE** (15th of each month) which appears on your bill.

Your financial institution will list automatic bank drafting payments on their monthly statements to you. It will take approximately one billing cycle before the automatic deduction will occur. Please continue to pay your bill by check, cash, money order or credit card until you receive a bill that indicates drafting is in effect when a notation "**BANK DRAFT/DO NOT PAY**" appears on the billing.

A NSF fee will be assessed by the City of Decatur for each insufficient fund transfer attempt. The City of Decatur may terminate your Automatic bank drafting service if two payments charges are returned for insufficient funds during a 12 month period.

Stop Payment of ACH Bank Draft request must be submitted ten (10) business days before due date.

I (we) hereby authorize the City of Decatur to initiate entries to my checking/savings accounts at the Financial Institution listed above and if necessary, initiate adjustments for any transaction credited in error.

This authority will remain in effect until the City of Decatur is notified by me (us) in writing to cancel it in such time as to afford the Financial Institution and City of Decatur to act on it.

Utility Account # _____

Signature _____

Date

All authorized signatures on the account are required

Date