



Authorization Agreement for Automated Payments

Company Name: City of Algood Utility Department

Utility Account #:

I(we) hereby authorize the City of Algood Utility Department, hereinafter called **COMPANY**, to initiate debit entries for water bill to my(our) Checking Savings Account (select one) indicated below and the depository named below, hereinafter called **DEPOSITORY**, to debit same to such account.

DEPOSITORY NAME:

CITY: **ST:** **ZIP:**

TRANSIT/ABA NO. **Deposit Account No.**

This authority is to remain in full force and effect until **COMPANY** and **DEPOSITORY** have received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

NAME (print):

SIGNATURE:

DATE:

NOTE: When you sign up for Automatic Bank Draft your bill may not be drafted the next month. To verify that your bill will be drafted check above the barcode on your billing statement, it will state "Paid from Bank on ____." If your bill does not, then please send in your payment, otherwise it will be drafted from your account.

You continue to receive your bill each month. This will remind you to enter the payment in your check register. Should you need to make changes to the information provided, please visit City Hall and allow 30 days for changes to take effect.

YOUR BILL WILL BE DRAFTED ON THE **15TH** OF EACH **MONTH**. IF THE 15TH FALLS ON A WEEKEND OR A HOLIDAY IT WILL BE DRAFTED THE BUSINESS DAY BEFORE.

(PLEASE ATTACH A VOIDED CHECK/DEPOSIT TICKET IN THIS SPACE FOR VERIFICATION OF TRANSIT AND ACCOUNT INFORMATION)

RECEIVED BY: _____ DATE RECEIVED: _____