

BANK DRAFT AUTHORIZATION FORM

Please complete the following information:

New Applicant

Change in banking information (effective date _____)

Customer Name: _____

Utility Account #: _____

Service Address: _____

Phone #: _____ Email Address: _____

Financial Institution: _____

Bank Account Type: Checking Account Savings Account

I authorize the City of Hawesville to deduct from my account at the financial institution named in this application, for balance owing on my utility bill on its monthly due date. I understand that this authorization is in effect until the City of Hawesville, my financial institution or I revoke it. I understand that non-payment due to insufficient funds in my account will be processed by my financial institution and the City of Hawesville in the same manner as an insufficient funds check, and I may be charged an insufficient funds fee by both. If I wish to discontinue my participation in the Auto-Pay program I will contact the City of Hawesville Water Department with my written intent.

Authorized Account Holder's Signature: _____

Print Name of Authorized Account Holder: _____

Please attach a voided check. A voided check MUST be attached to enroll in Auto-Pay program or letter from the bank with your account number and routing number. Deposit slips will not be accepted. Mail completed form to City of Hawesville, Water Department, P.O. Box 157, Hawesville, KY 42348 or place in our convenient drop box located on the side of our building.