BANK DRAFT AUTHORIZATION FORM
City of Monroe Utilities

City of Monroe Utility Account# _____

Name:_____
Last First

Service Address:_____
Street # & Street Name

_____GEORGIA_____
City State Zip

I hereby authorize the City of Monroe to debit my bank account, as noted, to cover my monthly utility bills & charges each month. I understand my account will be automatically debited on the due date of my bill each month. This authorization is to remain in effect until the City of Monroe has received written notification from me of its termination. The notification should be in such a timely manner as to notify the bank in a reasonable time to stop any future drafts. Should an automatic debit be returned by the bank, I understand I will be taken off of bankdraft & will be charged applicable collection fees by the City of Monroe.

BANK ACCOUNT INFORMATION

Name of Bank: _____

City/State: _____

Bank Routing Number: _____

Bank Account Name: _____

Bank Account Number: _____

_____
Customer's Signature

_____, _____
Date

For office use:
Change made _____
(CSR initials)