



AUTOMATIC DEBIT AUTHORIZATION
Utility Account Information

Name:	Date:
Address:	Phone 1 #
E-mail:	Phone 2 #
Account #	

BANK DRAFT: Checking or Savings Account
Bank Name:
Account #:
Routing #:
(INCLUDE A VOIDED CHECK)

I will continue to make payments as usual until my bill states "**PAID BY DRAFT**". Failure to do so could result in late fees and/or interruption of service.

I authorize the City of Rollingwood to debit the account indicated above to pay my monthly utility bill. I understand that my bank account will be debited for the total amount due, on the due date. (Should the due date fall on a weekend or holiday, the draft will occur on the business date after the due date.) If the City of Rollingwood erroneously debited funds from the above account, I authorize the City of Rollingwood to initiate the necessary credit entries not to exceed the total amount of the entry in question.

This authorization will remain in effect until written authorization has been received by the City of Rollingwood to terminate automatic debit. **The customer is responsible for notifying the City of Rollingwood in writing of any changes to their bank account at least FIVE (5) business days prior to being charged on the due date.** A \$25.00 service fee will be charged for any debits returned unpaid due to insufficient funds, closed account, etc.

SIGNATURE: _____

OFFICE USE ONLY

Entered by _____ Date _____ Cycle _____