



City of Flatonia Utilities

Authorization Agreement for Automated Payments

I (we) hereby authorize the City of Flatonia to initiate debit entries to my (our) Checking account indicated below, and the depository named below, to debit same to such account on or about the 10th of each month for the monthly bills on my utilities service account.

FINANCIAL INSTITUTION

BANK NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ ABA NO. _____ ACCOUNT NO. _____

- ❖ I understand the City of Flatonia will run a pre-note the first month of enrollment to verify the account and routing number. The draft will go into effect the following month.
- ❖ I understand that if the account being charged for my utility bill is insufficient to pay my bill, I remain liable and responsible to pay my bill in a timely manner, including any late or NSF fees that may apply.
- ❖ I understand that I may revoke this authorization at any time. If I revoke this authorization, I understand that I must give written notice of such revocation to the City of Flatonia.
- ❖ This authority is to remain in full force and effect until the City of Flatonia and the financial institution in question have received written notification from me (or either of us) of its termination at least 30 days before the termination would be completed.
- ❖ **I understand a new account requires a Pre-note and I must continue to make regular monthly payments until I receive a bill that states "BANK DRAFT- DO NOT PAY"**

NAME ON UTILITY ACCOUNT _____

(Please print or type)

UTILITY ACCOUNT NUMBER(S) _____

SIGNATURE: _____ Date: _____

TITLE (if a commercial account) _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

<u>OFFICE ONLY</u>	
RES PPD	Date Entered: _____
COMM CCD	Pre-Note: _____
	Effective Date: _____