



AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS

ID NUMBER 62-6000238

I hereby authorize the City of Alcoa to initiate debit entries in the amount of my monthly utility bill from the account listed below. I understand that in the event there are insufficient funds available, I will be removed from the program and returned check charges/penalties will be applicable.

Bank Name: _____ **Branch:** _____ **Checking:** _____ **Savings:** _____

ABA/Transit/Routing #: _____ **Account #** _____

Home / Cell #: _____ **Work #** _____

*****PLEASE VOID A CHECK AND ATTACH IT TO THIS FORM*****

This authority is to remain in full force and effect until the City of Alcoa and the Bank have received written notification from me of its termination in a timely manner as to afford the City of Alcoa and the Bank a reasonable opportunity to act on the cancellation of this service. Drafts are submitted to the Bank approximately 2 business days before the draft date. The City of Alcoa cannot retrieve anything already sent to the Bank.

*****PLEASE NOTE*****

If your attached banking information does not match your utility account information, various financial institutions have begun rejecting the draft.

*****IF CHANGING BANK ACCOUNT*****

Please stop my current draft as of _____(date) and begin drafting from the new account. When discontinuing a bank draft, there may be a delay before the new draft begins. If your bill does not reflect the "Paid by Bank Draft" message, you must pay by another method for that month. _____(initial)

*****PLEASE ALLOW 6 WEEKS FOR DRAFT TO BEGIN*****

Please continue to make payments on your account until "Paid by Bank Draft" is printed on your monthly bill.

Name: _____ **Utility Acct #:** _____

Signature: _____ **Date:** _____