

CITY OF ALEXANDER CITY
UTILITY BUSINESS OFFICE

APPLICATION FOR PRE-AUTHORIZED PAYMENTS

I hereby authorize the City of Alexander City to initiate debit entries to my checking/savings account for payment of my utility account(s). Further, the City of Alexander City may, if necessary, credit entries and adjustments for any debit entries in error. This authority will remain in full force and effect until the Utility Business Office in a manner as to afford the City of Alexander City and the Depository a reasonable time to act upon it has received WRITTEN notification of termination.

UTILITY ACCOUNT(S):

NAME SERVICE ADDRESS ACCOUNT NUMBER

NAME SERVICE ADDRESS ACCOUNT NUMBER

FINANCIAL INSTITUTION:

INSTITUTION NAME BRANCH NAME

ADDRESS CITY/STATE/ZIP

TYPE OF ACCOUNT: _____ CHECKING _____ SAVINGS

ACCOUNT NUMBER: _____ ROUTING: _____

Please attach a voided check from your bank for account information and identification.

There is no additional charge for this service, However, in the event that debit entries are rejected by the Depository due to insufficient funds or account closed, the return will be treated as any other rejected entry and our normal service charges shall apply. Further, should this occur, all rules and regulations applicable from Chapter 21, UTILITIES AND SERVICES, of the Code of Ordinances of the City of Alexander City shall apply.

Signature Printed Name Date