



UTILITIES AUTOMATIC BANK DRAFT AUTHORIZATION FORM

Customer / Account Holder Information

- Full Name: _____
- Service Address: _____
City, State, ZIP: _____
- Mailing Address (if different): _____
- Phone Number: _____
- Email Address: _____
- Utility Account Number: _____

Bank Account Information

- Bank Name: _____
- Account Holder Name: _____
- Account Type: Checking Savings
- Routing Number: _____
- Account Number: _____

Authorization Agreement

I authorize the **City of Walton** to initiate automatic electronic withdrawals from my bank account for payment of my utility services. This authorization will remain in effect until I provide written notice of cancellation, subject to applicable utility and banking regulations. I understand that sufficient funds must be available at the time of withdrawal. If funds are not available in your account on the due date, and the ACH is returned to us, it will be processed as a returned check and a \$35 fee will be added on.

Customer Authorization

Signature: _____

Printed Name: _____

Date: _____

For Office Use Only

Date Received: _____

Processed By: _____