



CITY OF ALGOOD
P.O. Box 49215, 215 West Main Street
Algood, TN 38506
Phone: (931)537-9545 ♦ Fax: (931)537-9429

Authorization Agreement For Automated Payments

Company Name: City of Algood Utility Department

Utility Account # _____

I (we) hereby authorize the City of Algood Utility Department, hereinafter called **COMPANY**, to initiate debit entries for water bill to my (our) **Checking** **Savings Account** (select one) indicated below and the depository named below, hereinafter called **DEPOSITORY**, to debit same to such account.

DEPOSITORY NAME: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TRANSIT / ABA Number (9 DIGITS) _____ **Deposit Account Number** _____

This authority is to remain in full force and effect until **COMPANY** and **DEPOSITORY** have received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

NAME (print): _____

Signature: _____

Date: _____

NOTE: When you sign up for Automatic Bank Draft your bill may not be drafted the next month. To verify that your bill will be drafted check top left side below Total on your billing statement, it will state "Paid from Bank on ____." If your bill does not, then please send your payment, otherwise it will be drafted from your account.

You will continue to receive your bill each month. This will remind you to enter the payment in your check register. Should you need to make changes to the information provided, please visit City Hall and allow 30 days for changes to take effect.

YOUR BILL WILL BE DRAFTED ON THE 15TH OF EACH MONTH. IF THE 15TH FALLS ON A WEEKEND OR A HOLIDAY IT WILL BE DRAFTED THE BUSINESS DAY AFTER.

(PLEASE ATTACH A VOIDED CHECK IN THIS SPACE FOR VERIFICATION OF TRANSIT AND ACCOUNT INFORMATION)

PRENOTE CREATED BY: _____ **DATE ENTERED:** _____