



## Automatic Bank Draft Authorization Form

Customer Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City of Vidalia Utility Billing Account Number: \_\_\_\_\_

Bank Name:	_____				
City:	_____	State:	_____	ZIP:	_____
ABA Transit/Routing Number:	_____	<small>9 Digits</small>			
Bank Account Number:	_____				
Account Type:					
Checking:	<input type="checkbox"/>				
Savings:	<input type="checkbox"/>				

**EXAMPLE**

**⑆011234567⑆ 001234567⑆ 243**

ABA Routing Number      Account Number      Check Number

**ATTACH A VOIDED CHECK OR DEPOSIT SLIP TO THIS FORM**

I do hereby grant, to the City of Vidalia Authority, to draft from my account listed above, all necessary funds for the purpose of paying monthly any and all charges accrued on my utility billing account. If this agreement is made after the 20<sup>th</sup> of the month, I understand my account cannot be drafted for the current period and will begin the next billing period. I understand that this authorization is in effect until the Authority and my financial institution are notified that I no longer desire this service, allowing them reasonable time to act upon my notification (at least ten (10) business days prior to the due date on the bill). I also understand that if corrections to my account are necessary, they will be reflected on the next billing. I understand that non-payment due to insufficient funds in my account will be processed by my financial institution and the Authority in the same manner as an insufficient funds check, and that I may be charged an insufficient funds check by both.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_