



## BANK DRAFT AUTHORIZATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ UTILITY ACCT NO: \_\_\_\_\_

BANK: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

I do hereby authorize the City of Dublin to automatically debit my account for payment of my monthly utility bill. This authorization will remain in effect until I notify the City of Dublin by signing a request for discontinuation that I no longer desire this service, allowing the City of Dublin reasonable time to act on my notification.

I understand the City of Dublin will continue to send me a monthly bill before my bank account is charged and that I have the right to stop debit by notifying my financial institution at any time up to three banking days before the scheduled date of the debit.

I further understand that the City of Dublin will impose a processing fee equal to the deposit account fraud charge if a debit entry is not paid by my financial institution. For example, the City of Dublin may charge a fee if my account contains insufficient funds to cover the prearranged debit.

The City of Dublin is not responsible for any overdraft of my checking account, which may be caused by presentation of draft for payment.

CUSTOMER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

**\*\*\* This form must be completed in full, and a voided check attached to begin this draft. \*\*\***

**FOR OFFICE USE ONLY:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_