



Bank Draft
Authorization Form

Applicant
Name:
Address:
City, State, Zip Code:
Utility Account Number:
Bank:
Bank Routing Number:
Bank Account Number:

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 if my financial institution fails to pay a prearranged debit, the City of Dublin will impose a processing fee of either \$35.00 or 5% of the debit amount, whichever is greater.

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

This form must be completed in full, and a voided check attached to begin this draft.	
Applicant Signature:	Date:
Social Security Number:	

For office use

Received by:	Date:
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