

BANK DRAFT AUTHORIZATION FOR PAYMENT FOR CITY OF HARDINBURG UTILITY BILLS

****A VOIDED CHECK MUST BE ATTACHED TO APPLICATION BEFORE PROCESSING WILL BE COMPLETED****

DATE _____

NAME(S) OF ACCOUNT HOLDER

UTILITY BILL ACCOUNT NUMBER

I (we) hereby authorize the **City of Hardinsburg**, hereinafter called COMPANY, to initiate debit entries to my (our) checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

TRANSIT / ABA NUMBER _____ ACCOUNT NUMBER _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have each received written notification from me (us) of its termination of at least 30 days prior whereas to afford COMPANY and DEPOSITORY a reasonable opportunity to act upon it. I (we) will receive prior written notice of the amount to be debited to my (our) account.

SIGNATURE _____ SIGNATURE _____