



AUTOMATIC BANK DRAFT APPLICATION FORM

The City of Walhalla is hereby requested and authorized to present charges drawn on my account beginning on or about the 8th day of _____, 20____, and on or about the same day of each month thereafter or until this authorization is revoked.

*****Please resolve any billing disputes prior to the 5th of the month. Otherwise, the original amount billed will be drafted from your account.*****

Bank Name _____
Bank Mailing Address _____
City, State, Zip _____
Bank Routing Number _____
Depositor Account Number _____

Check One:

This account is a Checking Account Savings Account

*****If you are unsure about the numbers to enter above, please send us a voided check so that we can enter the correct information.*****

Authorization to honor charges drawn in the name of the City of Walhalla

As a convenience to me, the undersigned, I hereby request and authorize you to pay and charge to my account charges drawn on my account in the name of the City of Walhalla by check, electronic debit or otherwise. This authorization will remain in effect until revoked by me in writing, and until you actually receive such notice, I agree you shall be fully protected in honoring any such charge.

I agree that your treatment of each such charge and your rights with respect to it shall be the same as if a check were signed personally by me. I further agree that if any such charge is dishonored, it will result in penalties and possible disconnection.

The City of Walhalla is instructed to forward this authorization to you.

Date _____

Print Name of Bank Depositor as shown on bank
Records for the account to which this authorization applies

I authorize draft funds to be applied to City of Walhalla Account Number _____

Signature of Bank Depositor _____ Phone _____

Signature of Utility Account Holder (if different) _____