BANKS COUNTY

BANK DRAFT AUTHORIZATION FORM

|  |  |  |  |
| --- | --- | --- | --- |
| I, |  | , | authorize my financial institution |

to accept automatic drafts from the County of Banks Utilities and post them to my

bank account as payment for my monthly water and/or sewer charges.

I understand that if I change or close my bank account with the financial institution listed on this authorization, I must immediately notify Banks County Utilities and sign a new bank draft authorization form.

I understand that I will continue to receive my regular monthly billing statement by mail or by email, which will indicate the due date, which is also the bank draft date.

I understand that it is my responsibility to maintain sufficient funds in my bank account on the day of the draft. In the event my bank returns the draft due to insufficient funds, the County will apply a $30.00 nonpayment fee to my water or sewer account. The payment, including any late fee, must then be made immediately by other payment method.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name(s) as shown on bank account | | | |  | | | |
| Name and address of Financial Institution | | | | |  | | |
|  | | | | | | | |
| Bank Account # | |  | | | | | |
| Service Address | |  | | | | | |
| Routing Number | | |  | | | | |
| Signature |  | | | | | Date |  |
| Signature |  | | | | | Date |  |

(In case of joint account, **all parties must sign above**)

|  |  |
| --- | --- |
| Daytime phone # |  |

**PLEASE ATTACH A VOIDED CHECK**