

Bank Draft Authorization and Change Form

Customer Information				
Name:		Date:		
Service Address:		Account/Customer No:		
	Financial In	formation		
Name of Bank:		Account No:		
City/State:		Routing No:		
	Type of R	equest		
New Bank Draft Authorization: Change Existing Bank Information Authorization:				
	Bank Draft Authoriza	ation Agreement		

Please note that your bank account will be drafted by the due date noted on the bill. If for any reason the bank draft is returned not paid, the customer will be responsible for making payment of the bill plus an insufficient fee. If payment is not received ten days after the due date, your service will be subject to disconnection. After two returned bank drafts, you will be removed from bank draft and responsible for making payment by cash or money order.

Written notification of any changes must be received at least 10 business days prior to the due date by the City of Monroe Customer Service Representatives.

I have given authority to the CITY OF MONROE UTILITY DIVISION and the above financial institution to draw drafts against my bank account in the payment of my utility bills. This authority will remain in effect until I have cancelled my bank draft service in writing.

Applicant Signature:

Contact Number: _____

Form Instructions

Authorization forms must be completed and delivered to the City of Monroe Breard Annex located at 316 Breard St. A Customer Service Representative will review the authorization form for completion and deliver it to the Billing section. A copy of the completed form will be mailed to you after being processed. Positive proof of identification and a voided check will be required.

Office Use Only					
Date: Received:	Entered By:	Date Entered:	_ Date Effective:		
Received by:					