



**ALEXANDER
CITY**
ALABAMA

P.O. Box 552 • Alexander City • Alabama 35011-0552 • (256) 329-6700

www.alexandercityal.gov

Application for Pre-Authorized Utility Payments

I hereby authorize the City of Alexander City to initiate debit entries to my checking/savings account for payment of my utility account(s). Further, the City of Alexander City, Alabama, may, if necessary, credit entries and adjustments for any debit entries in error. This authority will remain in full force and effect until the Utility Business Office in a manner as to afford the City of Alexander City and the Depository a reasonable time to act upon it has received WRITTEN notification of termination. If you need assistance completing this form, please call (256) 329-6710.

Utility Account(s) Information:

Name: _____

Utility Account Number(s): _____

Contact: Cell: (____) _____ Home: (____) _____ Work: (____) _____

Service Address: _____

Financial Institution Information:

Institution Name: _____ Type of Account: _____ Checking _____ Savings

Routing Number: _____ Account No.: _____

Start Date for Auto Draft: _____ **Payments are drafted about 5 days after the statement due date.

A VOIDED CHECK MUST BE ATTACHED

There is no additional charge for this service. However, in the event that debit entries are rejected by the Depository due to insufficient funds or account closed, the return will be treated as any other rejected entry and our normal service charges shall apply. Further, should this occur, all rules and regulations applicable from Chapter 90, UTILITIES, of the Code of Ordinances of the City of Alexander City, Alabama, shall apply.

Print Name

Signature

Date

