

BANK DRAFT/ACH DEBIT AUTHORIZATION FORM

I hereby authorize the CITY OF SULLIVAN, to initiate DEBIT entries and to initiate, if necessary, credit entries and adjustments for any debit entry in error to my (our) account indicated below and the Financial Institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effect until the CITY OF SULLIVAN has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the CITY OF SULLIVAN and DEPOSITORY a reasonable opportunity to act on it. **DEBIT entries will normally be made on or about the 5th of every month.**

Date:	Name: (Print)	Financial Institution
Utility Account #	Address of Service	Financial Institution (Address & Phone #)

CHECK ONE:

I am not currently participating in the Bank Draft Program

ADD – Debit my account shown.*

I am currently participating in the Bank Draft Program

CHANGE – Change Financial Institution and/or account number.

CANCEL – Stop my participation in the program.

*Due to the time required for the City of Sullivan and bank processing, allow one or two billing periods for setup. You will continue to receive a month utility bill, once the setup is complete, "PAID BY DRAFT" will appear on your monthly bill.

Signature _____

IMPORTANT! CHECK TYPE OF ACCOUNT: CHECKING SAVINGS

ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE