

Bank Draft Authorization

It will not be necessary for the City of Hohenwald or anyone employed by it to sign such drafts or checks, and I agree that your rights in respect to each such draft or check shall be the same as if issued and signed personally by me. I further agree that you shall be under no obligation to furnish me with any special advice or notice in writing or otherwise of the presentment or payment of any such draft or check or the changing of the same to my account. This authorization is to remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such draft or check. The City of Hohenwald is instructed to forward this authorization to you.

NOTE TO BANK: IF THE INFORMATION ON THE CARD DOES NOT AGREE WITH YOUR RECORDS OR IF THIS ARRANGEMENT IS UNSATISFACTORY, PLEASE CALL THE CITY OF HOHENWALD BILLING DEPARTMENT.

Name as shown on Bank Records

Checking Account Number

Name of Bank and Branch, if any

Street Address of Bank

City or Town

I hereby authorize my City of Hohenwald Service Bills to be paid by my Bank.

Depositor's Signature

Phone Number

Date

City of Hohenwald Authorization Form

Customer Name

Customer Account Number

Bank Account Number

Customer Bank Account Number

Bank Name

This is to authorize the City of Hohenwald to pay my utility bill by bankdraft.

Applicants Signature