

City of Athens Utilities
P.O. Box 1089
Athens, AL 35612
(256) 233-8750

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (we) do hereby authorize Athens Utilities to initiate debit entries to my (our) bank account indicated below, hereinafter called "Depository," and debit the same to such account.

Depository (Bank) Name _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

(These numbers must be taken from a check- **NOT A DEPOSIT SLIP**)

This authority is to remain in effect until Athens Utilities has received **WRITTEN NOTIFICATION** of its termination in such time and in such a manner as to afford Athens Utilities and the depository bank a reasonable opportunity to act upon it.

I understand that I will continue to receive my regular monthly bill and the amount shown on the bill will be debited one business day before the due date shown on the bill. If this date is on a weekend or holiday then the account will be debited the next following business day. I understand if my debit is returned by the bank for insufficient funds, it is my responsibility to contact Athens Utilities and make arrangements to ensure payment. If the debit is returned account closed, I understand my service will be subject to immediate disconnection.

Name(s) _____

Signature _____ Date _____

Signature _____ Date _____

Customer # _____ Telephone No. _____

A VOIDED CHECK MUST BE ATTACHED TO THIS FORM