

TAPE VOIDED CHECK HERE

ATTENTION: CYNTHIA GERWIG – UTILITY BILLING (901) 837-0171

CITY OF MUNFORD ACCT #: _____

NAME (S) ON ACCOUNT: _____

YOUR BANK NAME: _____

YOUR BANK ACCOUNT #: _____

YOUR BANK ROUTING #: _____

WORKING TELEPHONE #: _____

ACCOUNT NAMES MUST BE THE SAME WITH THE CITY OF MUNFORD AND YOUR BANK. ALL BANK ACCOUNT CHANGES MUST BE RECEIVED IN WRITING TO THE CITY OF MUNFORD AND WILL BE CHANGED AFTER TRANSMISSION TO THE BANK ON THE 10TH OF THE MONTH. IT CAN TAKE 30 TO 45 DAYS BEFORE THE ACH DRAFT WORKS DEPENDING ON WHEN THE REQUEST IS RECEIVED.

I/WE HEREBY AUTHORIZE THE City of Munford, hereinafter called C/M, to initiate entries to my/our Checking Account and the Depository (Bank or Credit Union), hereinafter called DEPOSITORY, to debit the same to such account.

The authority is to remain in full force and effect until C/M and DEPOSITORY have received written notification from me (or either of us) of its termination (30) days prior to the effect of termination.

I/We understand that the debit to our checking account will occur the tenth (10th) of my/our utility bill due date. I/We will receive my/our utility bill at the regular time noting that it will be paid from my/our bank account on the tenth (10th) of the month.

I/We further understand that should a debit to my/our checking account be rejected because of insufficient funds TWO (2) times, I/We will no longer be eligible to participate in the preauthorized payment program (ACH BANK DRAFTS).

SIGNATURE: _____ DATE: _____

WHEN MAILING IN PLEASE ATTACH VOIDED CHECK TO THIS FORM AND RETURN TO:

CITY OF MUNFORD, ATTENTION: CYNTHIA GERWIG, 1397 MUNFORD AVE., MUNFORD, TN 38058