

**TAPE VOIDED CHECK HERE**

**ATTENTION: DOTTY RICE – 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 10<sup>TH</sup> 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 (10<sup>th</sup>) 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 (10<sup>th</sup>) 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: DOTTY RICE, 1397 MUNFORD AVE., MUNFORD, TN 38058**