BANK DRAFT CHANGE AUTHORIZATION FORM
City of Monroe Utilities Dept.

City of Monroe Utility Account# _____

Name: _____
          Last   First

Service Address: _____
                   Street #   &   Street Name

_____**GEORGIA**_____
        City   State   Zip

I authorize the City of Monroe to debit my bank account, as noted, to cover my monthly utility bills & charges each month. I understand my account will be automatically debited on the due date of my bill each month. This authorization is to remain in effect until the City of Monroe has received written notification from me of its termination. The notification should be in such a timely manner as to notify the bank in a reasonable time to stop any future drafts. Should an automatic debit be returned by the bank, I understand I will be taken off of bankdraft & will be charged applicable collection fees by the City of Monroe.

NEW BANK INFORMATION:

Name of Bank: _____

Bank ABA#: _____

Bank Account #: _____

Change to take affect _____ 20 _____

_____
Customer's Signature

_____, _____
Date

For office use:
Change made _____
            (CSR initials)