CITY OF FAIRHOPE

DIRECT PAYMENT AUTHORIZATION FORM

PLEASE PRINT: **DATE:** _____

ACCOUNT NUMBER: _____

NAME: _____

SERVICE ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____

TELEPHONE: _____

MAILING ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____

UNTIL FURTHER NOTICE I HEREBY AUTHORIZE THE CITY OF FAIRHOPE TO ELECTRONICALLY DEBIT MY BANK ACCOUNT MONTHLY FOR MY UTILITY BILL, FROM THE FOLLOWING FINANCIAL INSTITUTION ON THE DATE DUE EACH MONTH UNTIL FURTHER NOTICE.

CHECKING ACCOUNT NUMBER: _____

MY FINANCIAL INSTITUTION IS: _____

CUSTOMER SIGNATURE: _____

_____ **NEW CUSTOMER FOR BANK DRAFT**

_____**CHANGING BANK ACCOUNT FOR DRAFT**

_____**STOP BANK DRAFT**

(PLEASE ATTACH A COPY OF A CHECK NOT A DEPOSIT SLIP)

PO DRAWER 429 – FAIRHOPE, AL 36533 – (251)928-2136 – (251)928-6776 FAX – COFAIRHOPE.COM