CITY OF COTTONDALE

CUSTOMER ACH AUTHORIZATION FORM

SECTION 1 – C	.USTOWIER ACCOU	NI INFORIVIA	ATION - PRINT			
Account #:	C	ustomer Full	Name:			
Address:						
State:		Zip:		Best Phone:		
Email address	:					
SECTION II – B	BANK INFORMATIO)N				
SELECT TYPE C	OF ACCOUNT:		Checking		Savings	
Bank Name: _				Phone #:		
Branch Addres	ss:					
City:			State:		Zip:	
Routing Numb	oer:					
Account Numl	ber:					
I (we) hereby above in the a garbage). The This authoriza	JTHORIZATION authorize the City of the total draft will take place tion shall remain a dermination in such	of the currence on the 5 th	nt month wate day of the mo the customer)	r bill (includes wanth or the follow have notified the	iter, sewer, Fire ing business da City of Cottond	y . ale in writing or in
Name	PLEASE PRINT	Г		Date		
Signature	Ret	urn complet	ed form to: pa	yables@cityofco	ttondale.net	
		E	OR OFFICE US	F ONLY		
				LONLI		
	☐ Syste	em set up	Date:			