

Bank Draft Authorization and Change Form



CUSTOMER INFORMATION Name: Account No.: Service Address: **FINANCIAL INFORMATION** Name of Bank: Account No.: Routing No.: City/State: 9 Digit Number on Bottom Left of Check REQUEST TYPE New Bank Draft Authorization: Change to Existing Authorization: Remove Bank Draft Authorization: BANK DRAFT AUTHORIZATION AGREEMENT Please note that payment is due by the due date noted on the bill. If for any reason the bank draft is returned not paid, the customer will be responsible for making payment to the City of Ruston by the due date. If payment is not received by the due date, a ten percent penalty will be assessed to the utility account. If payment is not received ten days after the due date services will be subject to disconnection. After two returned bank drafts, the customer will be removed from bank draft and will be responsible for making payment by cash or money order. Written notification of any changes must be received by the City of Ruston Customer Service Office at least ten (10) business days prior to the effective date. I authorize the City of Ruston and the financial institution listed above to initiate electronic entries to my account. This authority will remain in effect until I have cancelled it in writing. Date: Applicant Signature: FORM INSTRUCTIONS Completed authorization forms must be delivered to the City of Ruston Customer Service Center located on the south side of City Hall at 401 N. Trenton Ave. A Customer Service representative will review the authorization form and determine effective date. Positive proof of identification and a voided check will be required.

Date Received: Entered By: ____ Date Entered: ____

Date Effective:

OFFICE USE ONLY