



CITY OF PRICEVILLE

**242 Marco Drive
Priceville, AL 35603
(256)355-5476**

BANK DRAFT AUTHORIZATION FORM

All information must be completed and signed before your draft will be set up.
This information will not be taken over the phone.

1. Authorization:

I, _____, HEREBY AUTHORIZE City of Priceville Wastewater, through its financial institution, to implement a direct payment procedure against the bank account indicated below for wastewater fees. These payments will be drafted from your account before the 15th of each month. This authorization is to remain in effect until City of Priceville has received written notice of termination.

2. Bank Account:

Name on Bank Account: _____
Bank Name: _____
City: _____ State: _____ Zip: _____
Routing Number: _____ Account Number: _____

3. Wastewater Account:

Name on Account: _____ Account Number: _____
Service Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____
Home: _____ Cell: _____ Work: _____

4. Authorization:

Name (PLEASE PRINT): _____ Date: _____

Signature: _____

Please attach a VOIDED CHECK