Automatic Bank Draft Authorization

In addition to this form, a voided check is required.

REQUIRED INFORMATION		
	UTILITY ACCOUNT	TODAY'S DATE
	NAME	EMAIL ADDRESS
	ROUTING NUMBER	ACCOUNT NUMBER
	SERVICE ADDRESS	

SIGNATURE

I HEREBY AUTHORIZE THE CITY OF SMITHVILLE TO DEDUCT FUNDS FROM THE ACCOUNT INDICATED ABOVE ON THE 15TH OF EACH MONTH FOR PAYMENT OF MY MONTHLY UTILITY BILL.

I AM ALSO AUTHORIZING THE CITY OF SMITHVILLE TO SEND ALL FUTURE UTILITY BILLS TO THE EMAIL ADDRESS PROVIDED.

I UNDERSTAND THAT BOTH THE CITY OF SMITHVILLE AND MY FINANCIAL INSTITUTION RESERVE THE RIGHT TO TERMINATE THIS PAYMENT PLAN OR MY PARTICIPATION THERIEN. I MAY ONLY STOP AUTOMATIC BANK DRAFT SERVICE BY NOTIFYING THE CITY OF SMITHVILLE IN WRITING.

I FURTHER UNDERSTAND THAT IF TWO PAYMENTS IN ANY TWELVE-MONTH PERIOD ARE RETURNED DUE TO INSUFFICIENT FUNDS, MY PARTICIPTAION IN THE AUTOMATIC BANK DRAFT PROGRAM MAY BE AUTOMATICALLY CANCELLED AND I WILL NO LONGER RECEIVE A BILL BY E-MAIL.

SIGNATURE

Please, submit this completed form with a voided check at City Hall or send both documents to finance@smithvillemo.org