



101 Ray Sanderson Drive ~ Madison, Alabama 35758
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ACH Bank Draft Authorization Form

Name: _____ MU Account Number: _____

Service Address: _____

Bank Name: _____

Bank Account Number: _____ Bank ABA/Routing Number: _____

Please check the appropriate section:

New ACH Bank Draft Authorization

By signing below, I hereby authorize Madison Utilities and the above financial institution to ACH draft against my banking account monthly for the express purpose of paying my utility bills. The account will be drafted on the statement due date. This authorization will remain in effect until I have submitted a cancelation request in writing.

Draft items that are returned by your bank as unpaid due to insufficient funds, account closed, etc., are handled as a returned check. A service charge will be assessed and failure to make payment and could result in a disconnection.

Note: A voided check must be attached in order for the request to be processed.

Signature

Date

Change Existing ACH Bank Draft Authorization

By signing below, I hereby authorize Madison Utilities to make the following changes to my ACH Bank Draft Authorization:

Note: A voided check must be attached in order for the request to be processed.

Bank Name

Bank Account Number

Bank ABA/Routing Number

Cancel Bank Draft Authorization

By signing below, I hereby authorize Madison Utilities to terminate the automatic ACH bank draft to the bank account listed above. A cancellation must be received by Madison Utilities at least one week before the date the monthly billing is mailed out. I agree to reimburse Madison Utilities for any fees which are assessed as a result of errors caused by this cancelation.

Signature

Date

Date Received _____ Date Processed _____ Date Reviewed _____

Received By _____ Processed By _____ Reviewed By _____