



DIRECT DEBIT AUTHORIZATION FORM

Utility Commission Account Number(s) _____ Cycle 1 2 3 4

Name _____

Service Address _____

Mailing Address _____

Contact Number(s)

Cell _____

Home _____

Financial Institution _____

Routing Number _____

Account Number _____

NOTE: A VOID check or bank letterhead statement must be included with authorization

I hereby authorize the Fort Valley Utility Commission to automatically debit my bank account for the monthly utility bill. This authorization will remain in effect until I notify the Utility Commission in writing that I wish to terminate this direct debit.

I understand the Fort Valley Utility Commission will continue to send me a monthly billing statement before my bank account is charged and that I will have the right to stop the direct debit by notifying the Utility Commission at any time up to the three banking days before the scheduled date of the debit. I further understand that the Utility Commission may impose a processing fee if a debit is not paid by my financial institution. For example, the Utility Commission may charge a fee if any account contains insufficient funds to cover a prearranged debit. Furthermore, I understand that a late fee will be added to my account if not paid by the due date.

Customer Signature: _____

Date: _____

Representative: _____

Date: _____