



PO Box 1089, Athens, AL 35612
Phone (256) 233-8750 Fax (256) 233-8738
Email: customeraccounts@athens-utilities.com

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (we) do hereby authorize Athens Utilities to initiate debit entries to my (our) bank checking account indicated below and debit the same to such account.

Bank Information:

Bank Name: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

(You will find these numbers at the bottom left corner of your check)

This authority is to remain in effect until Athens Utilities has received *written notification* of its termination in such time and in such a manner as to afford Athens Utilities and the depository bank a reasonable opportunity to act upon it. I understand that I will continue to receive my regular monthly bill and the amount shown on the bill will be debited one business day before the due date shown on the bill. If this date is on a weekend or holiday then the account will be debited the next following business day. I understand if my debit is returned by the bank for insufficient funds, it is my responsibility to contact Athens Utilities and make arrangements to ensure payment. If the debit is returned account closed, I understand my service will be subject to immediate disconnection.

Name(s) _____

Signature _____ Date _____

Signature _____ Date _____

Utility Account No. _____ Telephone No. _____

❖ *Please submit a voided check with this form*

❖ *Cancellation of this agreement must be presented in writing 30 days in advance of final draft*