



Customer Phone # _____

Bank Draft Authorization

I, (print) _____ authorize the Fort Valley Utility Commission to draw a monthly draft for payment out of utility services for account(s) and services location(s) listed below. If additional accounts need to be drafter, please attach a list of accounts & service locations.

Utility Account Number	Service Location

Bank Name: _____

Checking Account Number: _____

Routing Number: _____

Authorized Checking Account Signature

Date

(This area for office use only)

Cycle Number (circle one): 1 2 3 4

Date Bank Draft Request Processed: _____

Customer Service Representative Signature