



City of Petal

Bank Draft Authorization Form

P. O. Box 405, Petal, MS 39465

(P) 601-544-6981 (F) 601-545-6685

ljackson@cityofpetal.com

I authorize the City of Petal to draft my checking account for payment of my City utility service on the 15th of each month. This authorization will remain in effect until I notify the City of Petal in writing to cancel it in such time as to afford the City of Petal and financial institution a reasonable opportunity to act on it. I understand that I will still receive my monthly bill telling me the amount due and my usage. I also will continue to pay my bill as usual, until such time as I see a notation on the bill that it is **"PAID BY BANK DRAFT"**. It is also my responsibility to notify the City of Petal of any change in bank account information by filling out a new draft authorization form.

Name: _____ Utility Acct #: _____

Service Address: _____

Phone: _____

Bank Name: _____

Routing #: _____ Acct #: _____

Name on Account: _____

Signature of Customer

Please attach a voided check