

## **Department of Public Works**

## **Automatic Recurring Bank Draft Authorization Form**

(Return Completed Form along with a VOIDED CHECK to address listed below)

Account Number		Name	
E-Mail Address			
Service Address			
Telephone Number		Cell Phone Number	
	•	rvice locations associated with rs, you must complete this Aut	
ACH Draft Information	<u>l</u>		
Name on the Account		Bank Name	
Bank Address			
Routing Number			
Туре	☐ Checking	□Savings	
Account Action	☐Authorize ACH Draft	☐ Update Account Info.	☐Cancel ACH Draft
Public Works by the 27 draft will not start until to the next billing cycle  2. Payments will be deduct the above service accounts.  3. I will be subject to the the account at the time of the account at the time of the City of Lexington so the City of Lexington in writing at my next bill.  6. This authorization is no this draft, and/ or my part of the City of the City of the cancel the City of the City of Lexington in writing at my next bill.	ank Draft Authorization For 7th of the month to ensure the a VOIDED check has been at the case of the act payment will show current return check fee, and of the electronic bank transfer two notice of the amount of the hall constitute such notice. It this authorization, or change least ten (10) business days an-negotiable and non-transfer articipation in it, at any time.	each payment deduction and that each ge/ close my bank account, it is my rest prior to my next bill due date. Accountable. Additionally, the City of Lexing	27 <sup>th</sup> of the following month. A bank 27 <sup>th</sup> of the month will be applied rice addresses are associated with aft, if there are insufficient funds in account statement received from apponsibility to contact the City of unt revisions will be reflected on ton reserves the right to terminate
Owner Signature		wner Printed Name	 Date