

# AUTHORIZATION FOR BANK DRAFT PAYMENTS

## HARTSELLE UTILITIES

The bank draft program for payment of my utility bill has been explained to me. By completion of this form, I am requesting and authorizing Hartselle Utilities to begin drafting from my bank account monthly the total balance owed on my utility account. I understand that bank drafts will begin as soon as is practical after completion of this form. This will usually begin with the next bill that is due but in some cases it may be one month later if the next bill is already in process.

I understand that either Hartselle Utilities or I may cancel participation in this program at the end of any billing period. Participation in the program is subject to Hartselle Utilities' terms and conditions for service and other Board policies as applicable.

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**Customer Signature**

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**Date**

**Name on utility account**

**Utility bill account number**

**Street address of account**

**City, State Zipcode**

**Customer telephone number**

**Name on bank account**

**Bank name & location**

**Bank account number**

**Bank routing number**

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**Hartselle Utilities Employee Authorization**

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**Date**

**PLEASE ATTACH A COPY OF A VOIDED CHECK HERE.**

If a voided check is not available, attach a statement from your bank on bank letterhead confirming your bank account number & routing number.