

CITY OF AVA, MISSOURI



Debit Authorization
 City of Ava Utilities
 PO Box 967
 Ava, MO 65608
 417-683-4122 Phone
 417-683-9932 Fax

I (we) hereby authorize the City of Ava, hereinafter called the COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called the FINANCIAL INSTITUTION, to debit the same to such accounts. This authorization is for the purpose of utilities and I understand that amounts may vary and authorize payments as indicated below. Any returned drafts will result in a \$25.00 fee.

[X] Current Balance

 Financial Institution Name _____
 City/State

 Routing Number _____
 Account Number

Type of Account Checking Savings

This authority is to remain in full force and effect until COMPANY has received **written notification** of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

 Name on Utility Account _____
 Social Security # or FIN

 Name of Applicant or Corporate Officer/Title _____
 Phone #

 Date _____
 Signature of Applicant/Corporate Officer

Utility Account # and physical address to be drafted: _____

Utility Account # and physical address to be drafted: _____

Utility Account # and physical address to be drafted: _____

EFFECTIVE BILLING CYCLE WILL BE THE 10TH OF EACH MONTH. IF THE 10TH FALLS ON A WEEKEND THE EFFECTIVE DATE WILL BE THE NEXT BUSINESS DAY.
 (To be effective for the current billing cycle, debit authorization must be received no later than 6 days before billing date)
*******PLEASE ATTACH VOIDED CHECK OR DEPOSIT SLIP*******

OFFICE USE ONLY:
 DATE PROCESSED _____
 CLERK INITIALS _____