

City of Savannah

402 Court
Savannah, MO 64485
816.324.3315

BANK DRAFT AUTHORIZATION FORM

I (We) hereby authorize the City of Savannah, hereinafter called CITY, to initiate debit entries to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account.

DEPOSITORY NAME _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA # _____ ACCOUNT # _____

This authority is to remain in full force and effect until CITY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CITY and DEPOSITORY a reasonable opportunity to act. In the event that the depository account does not have sufficient funds to cover the monthly payment, it will be your responsibility to manually pay the bill plus any NSF check fee by cash or money order.

NAME _____ ADDRESS _____

HOME PHONE _____ WORK PHONE _____

UTILITY BILLING ACCOUNT # _____

Signature of Customer

Date

A VOIDED CHECK MUST BE ATTACHED TO THIS FORM.

OFFICE USE: MONTH DRAFT IS TO START: _____