



# City of Cochran

P. O. Box 8

Cochran, GA 31014

Office (478) 934-6346 Fax (478) 934-5230

## AUTOMATIC BANK DRAFT AUTHORIZATION FORM

I authorize City of Cochran to draft my bank account each month for the full amount due for utility services. I agree to maintain a sufficient balance to cover this debt which will be made on the **10<sup>th</sup> of each month**. This agreement will *remain in effect until cancelled by you by signing the Termination of Draft Agreement* below at least 15 days in advance of the next payment due date. The authorization must include a **void check** copy, not a deposit slip.

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Customer Name

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Utility Account Number

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Bank Name

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Bank Account Number

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Bank Routing Number

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Date of first debit payment

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Type of Account (Checking/Saving)

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Phone Number

If the automatic withdrawal is returned as a result of insufficient funds, City of Cochran will assess a fee of \$40.00.

If you have an account setup already on auto draft and you would like to change it to another account name, please confirm the old account and sign Termination of Draft Agreement.

**Note:** Allow 15 days to stop the draft from the original account.

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Signature

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Date

.....  
**Termination of Draft Agreement**

I hereby revoke this agreement to draft my account for the payment of the utility services. I acknowledge that if this notification is not received 15 days prior to the 10<sup>th</sup> of the month, my account could still be debited.

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Signature

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Date

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CSR\_\_\_\_\_