



NOTE: Be sure to sign the form!

**AUTHORIZATION FOR DIRECT PAYMENT (PLEASE PRINT)**

Service Address: \_\_\_\_\_

Account No. : \_\_\_\_\_

Name of Resident: \_\_\_\_\_  
(First) (MI) (Last)

Phone No.: \_\_\_\_\_  
(Day) (Cell)

I authorize the City of Albertville to initiate electronic debit entries from my (please choose one):

\_\_\_\_\_ Checking account OR \_\_\_\_\_ Savings account

I authorize the City of Albertville to automatically debit my bank account, around the 15<sup>th</sup> of every month, my current utility bill balance.

I acknowledge that the origination of ACH transactions from my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

I understand I will receive notice of the billing prior to debit via (please circle one): US Post Office E-mail

E-mail Address: \_\_\_\_\_

**Voided Check Here after filling out information below**

\_\_\_\_\_  
Financial Institution Routing / Transit Number Accounting Number at Financial Institution

\_\_\_\_\_  
Financial Institution Name Financial Institution City, State and Zip

Signature \_\_\_\_\_ Date \_\_\_\_\_

**City of Albertville e-bill and e-pay discount designation (please circle one):**

**Discount off my bill FYCC Arena Improvement Fund Food Shelf**

**PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS**

FOR OFFICE USE ONLY					
Month	Date Entered	Amount	Month	Dated Entered	Amount
<input type="checkbox"/> January	1/16/2024		<input type="checkbox"/> July	7/15/2024	
<input type="checkbox"/> February	2/15/2024		<input type="checkbox"/> August	8/15/2024	
<input type="checkbox"/> March	3/15/2024		<input type="checkbox"/> September	9/16/2024	
<input type="checkbox"/> April	4/15/2024		<input type="checkbox"/> October	10/15/2024	
<input type="checkbox"/> May	5/15/2024		<input type="checkbox"/> November	11/15/2024	
<input type="checkbox"/> June	6/14/2024		<input type="checkbox"/> December	12/15/2024	