

Name: _____



**Utility Billing
Automatic Draft Authorization**

Date: _____

Account #: _____

Location #: _____

Name: _____

Service Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I, _____ (please print), a customer of the City of Hamlet, do hereby authorize the Utility Billing Department through its authorized employees, to draw monthly drafts on my account from the specified financial institution as payment for services furnished to me by the City of Hamlet. It is understood that the specified account will be drafted on or about the 5th of each month.

Customer Signature: _____

Date: _____

Name of Financial Institution: _____

Bank Routing #: _____ Account #: _____

***** VOIDED CHECK MUST BE ATTACHED TO INITIATE DRAFT PROCESS*****