

# City of Fultondale Gas Board

## Automatic Bank Draft Authorization

Name \_\_\_\_\_

Address \_\_\_\_\_

Customer Account No. \_\_\_\_\_

### Bank Information:

Bank Name \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Bank Address or Branch \_\_\_\_\_

- Your bill will be mailed to you each month and in approximately 15 days your bank account will be debited the net amount shown.
- Please notify us within 10 days of any error on your bill.
- Please notify us in advance if you would like to be removed from the automatic bank draft or if you change banks.
- Please provide a voided check in order to obtain the correct information required to set up your bank draft.

I hereby authorize the Gas Board of the City of Fultondale to automatically debit my bank account for payment of my monthly gas bill.

I hereby authorize the Gas Board of the City of Fultondale to debit my bank account for a ONE TIME payment of my gas bill.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

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### Office Use Only

Password (PIN) Assigned \_\_\_\_\_

New Account \_\_\_\_ Effective Date \_\_\_\_ Current Customer \_\_\_\_ Bank Change \_\_\_\_

Prenote Date \_\_\_\_\_ Effective Date \_\_\_\_\_

Bank draft will not be applied to customer account until at least 10 days after effective date.

Return to: Gas Board City of Fultondale      P.O. Box 699      Fultondale, AL 35068