



City of Richmond

AUTOMATIC DEBIT AUTHORIZATION ACCOUNT INFORMATION

Name _____ Date _____
 Address _____ Home Phone# _____
 _____ Work Phone# _____
 Drivers License# _____ Account# _____

BANK INFORMATION

Bank Name _____ Account# _____
 Bank Address _____ Routing# _____
 _____ Checking or Savings? (circle one)
 Bank Phone# _____

I AUTHORIZE THE CITY OF RICHMOND TO DEBIT THE ACCOUNT INDICATED ABOVE TO PAY MY MONTHLY UTILITY BILL. I UNDERSTAND THAT MY BANK ACCOUNT WILL BE DEBITED FOR THE TOTAL AMOUNT DUE ON THE DUE DATE. (SHOULD THE DUE DATE FALL ON A WEEKEND OR HOLIDAY, YOUR DRAFT WILL BE ON THE BUSINESS DATE PRIOR.) IF THE CITY OF RICHMOND ERRONEOUSLY DEBITED FUNDS FROM THE ABOVE ACCOUNT, I AUTHORIZE THE CITY OF RICHMOND TO INITIATE THE NECESSARY CREDIT ENTRIES NOT TO EXCEED THE TOTAL AMOUNT FOR THE ENTRY IN QUESTION.

THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL WRITTEN AUTHORIZATION HAS BEEN RECEIVED BY THE CITY OF RICHMOND TO TERMINATE AUTOMATIC DEBIT. AUTHORIZATION MUST BE RECEIVED AT LEAST FIVE BUSINESS DAYS BEFORE THE ACCOUNT IS CHARGED.

THERE WILL BE A \$30.00 RETURN DIRECT DRAFT FEE FOR ALL RETURNED DRAFTS FOR INSUFFICIENT FUNDS.

SIGNATURE _____
A VOIDED CHECK IS REQUIRED WITH AUTHORIZATION

Office Use Only

Entered Date _____ ABA# _____
 Terminated Date _____