

Athens Utilities Board

Authorization Agreement for Direct Payment of Utility Bill

PLEASE NOTE: If you are *an existing bank draft customer* making changes to your account. Please provide the following information to aid us in better serving your needs.

Date change is to be made effective: _____

Has the current account been closed? Yes/ No

I (we) hereby authorize the **ATHENS UTILITES BOARD** to initiate automatic utility payments form my (our) checking/savings account at:

BANK _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

This authorization is to remain in full force and effect until **ATHENS UTILITIES BOARD** has received written notification from me (or authorized person) to terminate in such time and in such manner as to afford **ATHENS UTILITIES BOARD** and the bank reasonable opportunity to act upon it. *Failure of notification of closed account can result in a \$20 bank return fee.*

NAME(S) _____

AUB ACCOUNT NUMBER _____ - _____

DATE: _____

CUSTOMER SIGNATURE: _____

NOTE: Please attach a voided check or account information on Official Bank Letterhead.

**Bank draft form must be received 7 business days prior to due date to bank approval to draft.

After bank draft has been set up for account, "To Be Paid From Bank Account" will appear on your bill.

Mail form to : Athens Utilities Board P.O. Box 0689 Athens, TN 37371-0689

Email for to: receipts@aub.org

If there are any questions regarding this bank draft form, please check with: _____
(Cashiering/CSR)