

**ATHENS UTILITIES BOARD
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
OF UTILITY BILL**

PLEASE NOTE: If you are ***an existing*** bank draft customer making changes to your account please provide the following information to allow us to better serve your needs.

Date change is to be made effective: _____

Has current account been closed? Yes / No

I (we) hereby authorize the ATHENS UTILITIES BOARD to initiate automatic utility payments from my (our) checking 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 either of us) of its termination in such time and in such manner as to afford ATHENS UTILITIES BOARD and the bank reasonable opportunity to act on it.

NAME(S) _____
(PLEASE PRINT)

AUB ACCOUNT NUMBER _____

DATE _____ SIGNATURE _____

NOTE: PLEASE ATTACH A VOIDED CHECK SO WE CAN OBTAIN ACCURATE ACCOUNT INFORMATION.

***A pre-notification period of approximately six (6) weeks is required for bank approval. Bank draft will begin when notification "TO BE PAID FROM BANK ACCOUNT" appears on your bill.

Place Voided Check Here

Mail form to: Athens Utilities Board, P.O. Box 689, Athens, TN 37371-0689

If there are any questions regarding this bank draft form please check with: _____
(Cashier/Customer Service)