

Athens Utilities Board

Authorization for Non-AUB Account Holder
Agreement for direct payments of Utility bill

I, _____ (non-AUB account holder's name) hereby authorize

ATHENS UTILITIES BOARD to draft my checking/savings account for

_____ (AUB account holder's name) account located at

_____ (street address) _____

(city).

AUB Account Number: _____ - _____

Relationship to AUB Account Holder: _____
(Spouse, Power of Attorney, Siblings, Child, Care Giver, etc.)

Phone Number: _____

Email: (optional) _____ @ _____

Non-AUB Account Holder's Signature: _____

Date: _____