

St. James Municipal Utilities

ACH BANK DRAFT AUTHORIZATION FORM

YOU MUST ATTACH A VOIDED CHECK or LETTER FROM YOUR FINANCIAL INSTITUTE WITH ACCOUNT DETAILS

PLEASE PRINT LEGIBLY

I/We hereby authorize the St. James Municipal Utilities, hereinafter called SJMU, to initiate debit entries to my/our (select one):

Checking

Savings

account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account. Note: Drafts to begin in 1 to 2 bill cycles.

NAME OF FINANCIAL INSTITUTION _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA/ROUTING NO. _____ BANK ACCOUNT NO. _____

This authority is to remain in full force and effect until SJMU and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford SJMU and DEPOSITORY a reasonable opportunity to act. In the event that the depository account does not have sufficient funds to cover the monthly payment, it will be your responsibility to manually pay the bill plus any NSF check fee by cash or money order. If at any point you have questions, please call 573-265-7011, ext 5.

NAME _____ HOME PHONE _____

WORK PHONE _____ EMAIL _____

ADDRESS _____

Printed Name of Customer

Utility Billing Account No.

Signature of Customer

Date

OFFICE USE ONLY:

Input on account by: _____ (initial)

Verified by: _____ (initial)