TOWN OF BLACKSTONE UTILITY BILLING AUTO DRAFT AUTHORIZATION

UTILITY ACCOUNT NUMBER		NAME (FIRST)	(MI)	(LAST)	
ADDRESS (STREET) (CITY)		(STATE)		(ZIP)	
EMAIL		TELEPHONE			
I HEREBY AUTHORIZE (CHECK ONE)				Y DEBIT MY	
CHECKING ACCOUNT SAVINGS ACCOUNT					
FINANCIAL INSTITUTION NA	ME & TELEPHONE	CITY	STATE		
ROUTING NUMBER (9 DIGITS) *		FINANCIAL INSTITUTION ACCOUNT NUMBER			
*ROUTING NUMBER IS NORMALLY THE FIRST NINE DIGITS IN THE LOWER LEFT-HAND CORNER OF YOUR CHECK. THESE NUMBERS END WITH BRACKETS AS SHOWN IN THE FOLLOWING EXAMPLE - [:251483311:]					
THIS AUTHORIZA All applications must be received no la remain in effect until written notice of Blackstone, VA 23824. Written notice	ater than the 15 th of the mo termination is given to the	onth to have drafting establ Town of Blackstone, Utility	lished for that month Billing Department,	n's billing. This authority is to 100 W. Elm Street,	
Utility bills will be mailed to utility cust will be drafted from customer account events. In that event, payment will be	s the 20 th of each month w	ith exception of holidays, w			
Accounts will be drafted for the full balance, no partial payments can be arranged, unless already enrolled in the Town's budget billing.					
SIGNATURE		DATE	DATE		
TAPE CANCELLED OR VOIDED CHECK OR SAVINGS DEPOSIT SLIP HERE					