



DOTHAN UTILITIES

Please fill out form completely. If you have any questions concerning this form please contact Dothan Utilities at 334-615-4100.

UTILITY ACCOUNT INFORMATION:

Name _____

Service Address _____

Account number(s) _____ **Phone number** _____

- I would like to **terminate** my electronic draft immediately. If draft has already been processed (approx. 1 week prior to draft date), termination will be effective on next bill.
- I would like to **signup** for electronic draft. Please attach a voided check and fill out authorization agreement below.
- I would like to **change my bank account** for electronic draft. Please check option, attach a voided check and fill out authorization agreement below. **Immediately** (n/a if draft has already been processed) ___ **or Next Bill** ___

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (ACH DEBITS)

I HEREBY AUTHORIZE Dothan Utilities to initiate debit entries to my checking or savings account (only one account type allowed) indicated below and authorize the Depository (bank) named below to debit the same to such account. This authority is to be effective with my **next bill** and is to remain in force and effect until Dothan Utilities has received written notification from me of its termination in such time and in such manner as to afford Dothan Utilities and the Depository a reasonable opportunity to act on it.

BANKING INFORMATION:

(Note: Please verify with your Depository the exact format required for the following numbers. If leading zeroes are necessary to complete the account number for ACH transmittal, please include them when you fill in the account number below)

Bank Name _____

Address _____

City _____ State _____ Zip _____

Bank Routing Number/Transmit/ABA No: _____

Account Number: _____

Account Type (check one) Checking Savings

SIGNATURE: _____ **Date** _____

Please return to: Dothan Utilities • c/o Electronic Draft • P.O. Box 6728 • Dothan, AL 36302