

**City of Flowood**  
**P O Box 320069**  
**Flowood, Ms 39232-0069**  
**FAX 601-420-3334**

**Pay online at: [www.cityofflowood.com](http://www.cityofflowood.com)**  
**Email to: [water@cityofflowood.com](mailto:water@cityofflowood.com)**

DATE \_\_\_\_\_

**Bank Draft Authorization**

I, \_\_\_\_\_, hereby authorize the City of Flowood to draft my personal checking account each month for payment of my monthly utility bill, account # \_\_\_\_\_.

Bank Name \_\_\_\_\_

Bank Routing# \_\_\_\_\_

Bank Account # \_\_\_\_\_

**I HEREBY ACKNOWLEDGE THAT I WILL NOTIFY THE CITY OF FLOWOOD BEFORE THE DRAFTS ARE DEPOSITED ON THE 4TH SHOULD I CHANGE FINANCIAL INSTITUTIONS OR IF I DESIRE TO PAY THE BILL ON THE REGULAR DUE DATE RATHER THAN BY BANK DRAFT. THERE WILL BE A \$30.00 CHARGE FOR ALL RETURNED DRAFTS.**

**Signature of Authorization** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**\*\* Please attach a voided check. All bank drafts are drawn on the 4TH day of the month.**