

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

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 # \_\_\_\_\_ beginning \_\_\_\_\_.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

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

**I HEREBY ACKNOWLEDGE THAT I WILL NOTIFY THE CITY OF FLOWOOD BEFORE THE DRAFTS ARE DEPOSITED ON THE FOURTH 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 OF ALL RETURNED DRAFTS.**

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

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