

Fill out the form below by tabbing through the entry fields. Then click the print button. Sign and bring the printed form with a voided check or deposit ticket to City Hall, 132 N. Main Street or mail to: City of Madison, P.O. Box 32, Madison, GA 30650.



DEBIT AUTHORIZATION FORM – CITY OF MADISON UTILITY PAYMENTS

City of Madison Account # _____

I(we) hereby authorize **City of Madison** to initiate entries for utility payments of varying monthly amounts to my checking/savings account at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until the City of Madison is notified by me (us) in writing to cancel it in such time as to afford the City of Madison and THE FINANCIAL INSTITUTION a reasonable opportunity to act upon the request.

(Name of Financial Institution)

(Address of Financial Institution – Branch, City, State & Zip)

(Signature of Account Holder)

(Date)

(Name – PLEASE PRINT)

(Address – PLEASE PRINT)

Checking/Savings Account Number: _____

Financial Institution Routing Number: _____

(Attach a copy of a voided check or deposit ticket below)

Large rectangular box for attaching a copy of a voided check or deposit ticket.