

Opp Utility Board
P.O. Box 610
Opp. Alabama 36467
Phone: 334-493-4571
Fax: 334-493-6666

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (We) hereby authorize the City of Opp Utilities Board to initiate a debit to my (our) account indicated below, and the bank named below to debit the same to such account. Date of draft on or before the 10th of each month.

**** A Voided check must accompany this authorization****

Customer Name: _____

Customer Utility Account Number: _____

Customer Bank Name: _____

Bank Account Number: _____

Bank Routing Number: _____

Customer Signature: _____

Customer Signature (2): _____

The City of Opp Utilities Board requires thirty (30) Days written notice to revoke this authorization and must be submitted to our address above. Accounts with debits returned or any reason are subject to immediate disconnection of service and removal from the preauthorized payments program.

Office Use Only

Date Received: _____ By: _____

Month and Year Draft begins: _____