City of Bay Saint Louis Utility Department
688 Highway 90, Bay Saint Louis, MS 39520
(228) 469-0009

EFT AUTHORIZATION AGREEMENT

Account Number: _____

Service Address: _____

Name on Account: _____ Telephone: _____

Account Address: _____

City: _____ State: _____ Zip: _____

I (We) hereby authorize the City of Bay Saint Louis to initiate DEBIT entries to my (our) checking account listed below, the variable amount of my utility bill each month on the 13th day of each month. If the 13th day falls on a holiday or weekend, the transaction will take place on the following business day.

Depository Name: _____ Branch: _____

City: _____ State: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until the City of Bay Saint Louis Utility Department has received written notification from the undersigned of its termination in such time and in such manner as to afford the Utility Department and the Depository a reasonable amount of time to act on it.

_____ _____
Applicant Signature Date

_____ _____
Applicant Signature Date

ATTACH VOIDED CHECK HERE

For Office Use Only:

Checking Account #: _____ Date Started: _____

Bank Routing #: _____ Date Terminated: _____

Bank Name: _____ Utility Representative: _____