## City of Thibodaux Authorization Form

I authorize the City of Thibodaux to draw drafts against my bank account in payment of my utility bills. Until this authorization is revoked in writing and received by the bank at least 10 working days prior to the presentation of a draft, the bank is authorized to pay these drafts when so drawn presented for payment and to charge the same to my account. I further agree to also notify the City of Thibodaux in writing if I withdraw this authority.

Date _				
ROM YO	UR UTILITY BILL:			
-	Utility Account Number		Serv	ice Address
-				
	Phone #			
=	Name on	Your Utility Ac	count	
_	M	Iailing Address		
_				
	City	State		Zip Code
ROM YO	UR CHECK:			
V=				
	1	Name of Bank		
-	9 Digit Routing Number		Bank Accoun	t Number
	Digit Routing Franco	•	Dank Accoun	t Mumber
g. <del></del>	Your Name a	s Shown on Banl	k Account	
	Please send a voided ch	eck to assure acc	uracy in proc	cessing.
				- And
_				
		Signature		

IMPORTANT: Attach a voided check to this form and send to
City of Thibodaux
Attention: Utility Collections
P. O. Box 5418
Thibodaux, LA 70302

If you have more than one utility account with the City of Thibodaux and wish to have drafts drawn on all accounts, please fill separate forms for each account number.

City of Thibodaux Website: http://ci.thibodaux.la.us