



**CITY OF CLANTON  
WATER WORKS & SEWER BOARD**

PO BOX 580  
205-755-1105 PHONE  
205-755-7650 FAX

**AUTO PAY AUTHORIZATION FORM**

- New Enrollment.** Complete, sign, and return this form with a voided check
- Cancel Enrollment.** Sign and return this form

**APPLICANT INFORMATION**

<b>Last Name:</b>		<b>First Name:</b>	
<b>If Joint Account, List Other Names:</b>			
<b>Current Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Phone:</b>

**BANKING INFORMATION**

<b>Banking Institution:</b>	<b>Routing Number:</b>
<b>Account Type:</b> <input type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Savings</b>	<b>Account Number:</b>

*I hereby, authorize and request the City of Clanton Water Department and the above said financial institution listed above to debit the indicated bank account in the amount of the monthly utility bill around the 5<sup>th</sup> day of each month.*

*I understand that I may terminate this agreement by giving notice to the City of Clanton Water Department. I may do this at any time in writing but must allow a reasonable amount of time after receipt for the City of Clanton Water Department to act upon it. I also understand that additional service charges may apply if payment is returned due to insufficient funds.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_