

**City of Phenix City Utilities**  
**BANK DRAFT AUTHORIZATION**

To take advantage of the speed, convenience and cost savings of direct payment of your utility bill with no cost to you, please fill out the following form and return to:

Phenix City Utilities 1119 Broad Street Phenix City Alabama 36867.

**BE SURE TO INCLUDE A VOIDED BLANK CHECK OR DEPOSIT SLIP FOR VERIFICATION**

**PLEASE SUBMIT COPY OF VALID PICTURE ID**

PLEASE PRINT (as it appears on your utility account) to **ACTIVATE OR IN-ACTIVATE**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Utility Account #: \_\_\_\_\_

Bank Name or Financial Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Bank Routing #:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

**Type of Account (x):**      **Checking** \_\_\_\_\_ **Savings** \_\_\_\_\_

I, the undersigned, hereby grant authority to **THE CITY OF PHENIX CITY UTILITIES**, to initiate debit entries to my checking or savings account, as indicated above.

I hereby request that a payment for my Utility Service be drawn from my account electronically every month from this time forward, unless arrangement is made to disconnect this service.

**DRAFTS TAKE AT LEAST 30-60 DAYS TO PROCESS**

**YOU ARE RESPONSIBLE FOR PAYMENT UNTIL THIS ACTIVATION IS IN PLACE**

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by CSR: \_\_\_\_\_ Date: \_\_\_\_\_

Entered by CSR: \_\_\_\_\_ Date of Entry: \_\_\_\_\_

**\*SIGNATURE TO CANCEL DRAFT** \_\_\_\_\_ **EFFECTIVE:** \_\_\_\_\_