

TOWN OF OAKLAND

170 DOSS CIRCLE
P.O. BOX 56
OAKLAND, TENNESSEE 38060
901-465-8523 FAX (901) 465-1883



AUTHORIZATION FOR AUTOMATIC BANK DRAFT

I authorize the Town of Oakland to initiate debit entries to my (our) checking account indicated below to debit the depository names below to debit the same such amount effective on _____ (DATE).

Please provide a voided check with this document.

BANK NAME: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ROUTING/ABA NUMBER: _____ ACCOUNT NUMBER: _____

ACCOUNT HOLDER NAME(S): _____

SERVICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ - _____ - _____ ALT. PHONE: _____ - _____ - _____

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE TOWN OF OAKLAND AND THE DEPOSITORY HAVE RECEIVED WRITTEN NOTIFICATION FROM ME (OR EITHER OF US) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE TOWN OF OAKLAND AND DEPOSITORY A REASONABLE OPPORTUNITY TO ACT ON IT. IN THE EVENT OF A NON-SUFFICIENT OR RETURN FEE OF ANY KIND THERE WILL BE A \$30.00 PENALTY ADDED TO THE BALANCE.

DRAFTS ARE MADE ON THE FIFTEENTH (15TH) DAY OF EACH MONTH.

COPY OF VOIDED CHECK IS REQUIRED AND ATTACHED: _____

NAME (PLEASE PRINT)

ACCOUNT NUMBER

SIGNATURE

DATE

EMPLOYEE SIGNATURE

DATE