



101 Ray Sanderson Drive ~ Madison, Alabama 35758
Tel: 256.772.0253 ~ Fax: 256.772.7501

www.madisonutilities.org

BANKDRAFT APPLICATION

Depositors Name: _____

Bank Name: _____

Bank Address: _____

Bank Account Number: _____

Bank Transit Number: _____

As a convenience to me, I hereby request and authorize you to pay and charge to my account drafts drawn on my account by the Water and Wastewater Board of the City of Madison to its own order. I agree that this authorization will remain in effect until revoked by me in writing, a copy of which revocation shall be sent to the Water and Wastewater Board of the City of Madison. The Water and Wastewater Board of the City of Madison reserves the right to cease collection of my account under this authorization after written notice has been forwarded to me, the customer named below.

I further agree that your rights in respect to each draft shall be the same as if each draft were signed personally by me.

The Water and Wastewater Board of the City of Madison is instructed to forward this authorization to you.

Signed: _____

Date: _____

Address: _____

Phone: _____

Water and Wastewater Board Account Number:
