

**City of Commerce, Georgia
ACH Draft Authorization**

Name: _____

Address: _____

Financial Institution Name: _____

Bank Phone Number: _____

ABA Routing Number: _____
(Look between symbols “|: |:” on your check).

Account Number: _____
(Generally, located to the right of the ABA Routing Number).

Is this a checking or savings account? (Please circle)

PLEASE ATTACH A VOIDED CHECK FROM THE ACCOUNT YOU WISH US TO USE.

Utility Account Number: _____

My account should be drafted for the amount of my monthly utility bill.

Signature

Date

Name (please print)
(The same name must appear on the voided check you provide.)