

**City of Donaldsonville
Authorization Form**

I authorize the City of Donaldsonville to draw drafts against my bank account in payment of my utility bills. Until this authorization is revoked in writing and received by the bank at least 10 working days prior to the presentation of a draft, the bank is authorized to pay these drafts when so drawn presented for payment and to charge the same to my account. I further agree to also notify the City of Donaldsonville in writing if I withdraw this authority.

Date: _____

Utility account Number

Service Address

Phone Number

Name on Your Utility Account

Mailing Address

City

State

70346

Name of Bank

9 Digit Routing Number

Bank Account Number

Your name as shown on bank account
Please send a voided check to assure accuracy in processing

Signature

Important: Attach a voided check to this form and send to
City of Donaldsonville
Attention: Utility Collections
P.O.Box 470
Donaldsonville, La. 70346

If you have more than one utility account with the City of Donaldsonville and wish to have drafts drawn on all accounts, please fill separate forms for each account number.