

CITY OF FLATWOODS  
2513 REED ST  
FLATWOODS KY 41139  
606-836-9661  
606-836-4222 fax



**Bank Account Debit for Utility Bills**  
*(Please print Legibly)*

Name: \_\_\_\_\_ Bank Name: \_\_\_\_\_  
Service Address: \_\_\_\_\_ Bank Address: \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Bank Phone Number: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_  
Utility Account Number: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_

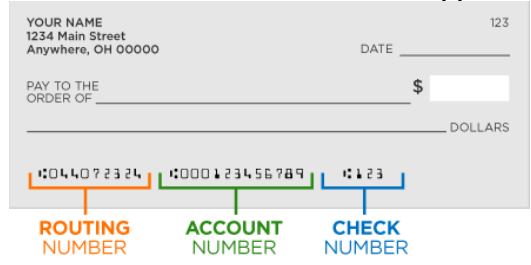
**Authorization Agreement**

I hereby authorize the City of Flatwoods and the financial institution designated in this application to debit the account I have specified for payment of my monthly service. I understand that a fee will be charged to my utility account for each request returned for non-sufficient funds. In addition, I understand that both the financial institution and the City of Flatwoods reserve the right to terminate this payment plan and/or my participation. I may elect to discontinue my enrollment in this plan by providing adequate written notice to the City of Flatwoods, 2513 Reed St, Flatwoods, KY 41139. Any changes to the information included in this immediately for this payment plan to continue uninterrupted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please enclose a voided check with application**



**FOR INTERNAL USE ONLY**

\_\_\_\_\_  
Received / Entered By

\_\_\_\_\_  
Date