

FORT PAYNE IMPROVEMENT AUTHORITY

P O BOX 680617

FORT PAYNE ALABAMA 35968

TEL: 256-845-0671 FAX: 256-845-6688

www.fpia.com

BANK DRAFT

Dear Customer:

- You will receive a monthly bill
- The bill will have "BANK DRAFT" printed on it. If it does not please contact our office.
- Your bank account will be drafted for the amount due on the due date or the next business date following your due date

AUTHORIZATON AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (we) hereby authorize the Fort Payne Improvement Authority, hereinafter called COMPANY, to initiate debit entries to my (our) Checking or Savings account indicated below and the depository name below, hereinafter called DEPOSITORY, to debit same to such account.

DEPOSITORY

NAME: _____

CITY: _____ STATE: _____

This authority is to remain in full force and effect until COMPANY AND DEPOSITORY has received written notice from me (we) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Any drafts returned will be subject to a penalty.

PLEASE ATTACHED A VOIDED CHECK

PLEASE PRINT

NAME(S) ON FPIA ACCOUNT: _____

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____

FPIA ACCOUNT NUMBER: _____ CYCLE _____