

The City of Gallipolis offers Automatic Deduction from a bank account. If you are interested in signing up for Automatic Deduction, please **accurately complete, sign and return this form to the Utility Department** in order for the deduction to begin.

This is my authorization for The City of Gallipolis Utilities to automatically debit my () checking () savings account

_____ (Bank Routing Number) _____ (Account Number)
at the _____ branch of _____
(Branch) (Financial Institution)
in _____
(City) (State)

I understand this authorization will be in effect until I notify The City of Gallipolis Utilities in writing that I no longer desire this service, allowing reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account. The City of Gallipolis may terminate this request at any time.

THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.
*****PLEASE ATTACH A VOIDED CHECK*****

_____ (Signature) _____ (Date)

_____ (Home Phone #) _____ (2nd Contact Phone #)

_____ (Service Address) _____ (Utility Billing Account #)