

City of Hammond  
Utility Billing Department  
P.O. Box 2788 Hammond, LA 70404-2788  
Phone 985-277-5615 Fax 985-277-5613  
[www.hammond.org](http://www.hammond.org)

## AUTOMATIC BANK DRAFT AUTHORIZATION AGREEMENT

### UTILITY ACCOUNT INFORMATION

NAME ON UTILITY ACCOUNT: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

SERVICE LOCATION: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### CHECKING ACCOUNT INFORMATION

BANK NAME: \_\_\_\_\_

BANK ROUTING NUMBER: \_\_\_\_\_

CHECKING ACCOUNT NUMBER: \_\_\_\_\_

**IMPORTANT: YOU MUST ATTACH A VOIDED CHECK OR BANK LETTER WITH BANKING INFORMATION TO THIS FORM.**

I hereby authorize the City of Hammond to initiate withdrawals from my account at the financial institution named herein for the payment of the exact amount of my City of Hammond utility bill ON its due date. I understand that the Automatic Bank Draft Authorization Agreement is an alternative method of payment only. I further understand that the City of Hammond and my financial institution reserve the right to terminate the Automatic Bank Draft Authorization Agreement and /or my participation in it. If I wish to terminate my participation in this agreement, I may do so by coming in the City of Hammond Utility Department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date