



CITY OF MAUMELLE
550 EDGEWOOD DRIVE, STE 590
MAUMELLE, AR 72113-6907

PHONE 501-851-2500
FAX 501-851-6738
www.maumelle.org

AUTO DRAFT AUTHORIZATION FORM

I authorize the City of Maumelle to debit my account indicated below. This authority is to remain in full force and effect until the City of Maumelle has received written notification to terminate. The written notification to terminate should be received in our office by the 5th day of the month of your draft. This will afford the City of Maumelle and the financial institution a reasonable opportunity to stop your draft.

_____ Type of Account: _____ Checking: _____ Savings
(Your Bank Name)

_____ (Routing/Transit Number)

_____ (Account Number)

All Drafts are on the 15th of the month.

If the 15th is a Saturday, draft will be on Friday and if the 15th is a Sunday, draft will be on Monday.

NOTE: The amount of all applicable service fees will be drafted from your account in the months of:

MARCH / JUNE / SEPTEMBER / DECEMBER or MONTHLY, IF YOU RECEIVE MONTHLY BILLS

_____ City Account #

_____ Name as it appears on utility billing

_____ Service Address

_____ Address on Bank Account

_____ City

_____ State

_____ Zip

_____ Telephone Number

_____ Signature (Required)

_____ Date

ANY DRAFT RETURNED (NOT PAID BY YOUR BANK) WILL BE ASSESSED A \$31.00 RETURN ITEM FEE. IF YOU CHANGE BANKS, ACCOUNT NUMBERS, MOVE OR ANY THING THAT WILL CHANGE THE STATUS OF YOUR ACCOUNT, PLEASE NOTIFY THIS OFFICE IMMEDIATELY.

Please return this form, **ALONG WITH A VOIDED CHECK** to: City of Maumelle, 550 Edgewood Drive, Suite 590, Maumelle, AR 72113. For additional information call 501-851-2500. Fax: 501-851-6738