



*Palatka Gas
Authority*

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

PALATKA GAS AUTHORITY ACCOUNT INFORMATION

Name(s): _____

Palatka Gas Authority Account #: _____

Service Address: _____

Financial Institution Information

Type of account:

_____ Checking (Please attach a voided Check)

_____ Savings (Please refer to your financial institution for correct Savings Account Routing Number)

Bank Routing/Transfer #: _____

Bank account #: _____

Name of financial institution: _____

Name(s) on bank account: _____

Branch address, city, state, ZIP: _____

SIGNATURE SECTION:

Palatka Gas Authority's Monthly Automatic Checking/Savings Deduction Plan

I (we) hereby authorize Palatka Gas Authority to initiate monthly debit entries to my (our) __ Checking Account /or __ Savings Account. (select one) indicated above at the depository institution named above. This EFT Authorization Agreement is to remain in full force and effect until Palatka Gas Authority has received written authorization from me (or either of us) of its termination in such time as to afford Palatka Gas Authority and my (our) depository institution a reasonable opportunity to act on it. I (we) acknowledge that if any of our ACH debit entries are returned unpaid for insufficient or uncollected funds, a state approved NSF fee will be applied to my account. I (we) acknowledge a returned ACH Debit immediately terminates this agreement between Palatka Gas Authority and myself. I will need to make immediate payment on my account to avoid having my service interrupted.

Authorized signature:

By signing this form, you are authorizing Palatka Gas Authority to process the request as completed above.

Signature

Date

Print Name