



MARK R. JOHNSON
Mayor

CITY OF COVINGTON

UTILITY BILLING DEPARTMENT

317 North Jefferson Avenue

Post Office Box 778

Covington, Louisiana 70434

phone 985.892.1811

fax 985.867.1215

website www.covla.com

AUTOMATIC BANK DRAFT AUTHORIZATION AGREEMENT

Please fill in information, print and sign.

**** IMPORTANT NOTICE ****
Until your utility bill states
"AUTOMATIC DRAFT," please continue
to process payments. Thank you.

UTILITY ACCOUNT INFORMATION

ACCOUNT NUMBER _____ SERVICE LOCATION _____

UTILITY BILLING ACCOUNT NAME _____

BILLING ADDRESS _____
Street

City State Zip Code

PHONE NUMBER _____

LOCATION (If different from billing address) _____
Street

CHECKING ACCOUNT INFORMATION

BANK NAME _____

BANK ADDRESS _____
Street City State Zip Code

BANK ROUTING NUMBER _____ BANK ACCOUNT NUMBER _____

BANK CONTACT NAME _____ BANK PHONE NUMBER _____

SIGNATURE ON BANK ACCOUNT (If joint account, both signatures required)

IMPORTANT: THIS FORM MUST BE ACCOMPANIED BY THE FOLLOWING DOCUMENTS:

- Voided Check
- Corporate Resolution (if incorporated)

I (We) hereby authorize the City of Covington to initiate withdrawals from my (our) account at the financial institution named herein for the payment of the exact amount of my (our) City of Covington utility bill ON its due date.

I (We) understand that the Automatic Bank Draft Authorization Agreement is an alternative method of payment only and does not otherwise affect my (our) rights or the rights of my (our) financial institution with respect for each other. I (We) further understand that the City of Covington and my (our) financial institution reserve the right to terminate the Automatic Bank Draft Authorization Agreement and/or my (our) participation in it. If I (we) wish to terminate my (our) participation in this agreement, I (we) may do so by coming in the City of Covington Utility Billing Department at 317 N. Jefferson Avenue, Covington, Louisiana, between the hours of 8:30 am and 4:30 pm Monday through Friday, and filling out an Automatic Bank Draft Removal/Termination Agreement Form at least FOUR business day prior to the day the payment is due.

Customer Signature(s) _____ Date _____

INTERNAL USE ONLY - Date Activated:

By: