



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 TERMINATION AGREEMENT

Please fill in information, print and sign.

UTILITY ACCOUNT INFORMATION

ACCOUNT NAME _____

UTILITY BILLING ACCOUNT NUMBER _____

BILLING ADDRESS _____
Street

_____ *City* _____ *State* _____ *Zip Code*

PHONE NUMBER _____

LOCATION (IF DIFFERENT FROM BILLING ADDRESS) _____
Street

CHECKING ACCOUNT INFORMATION

BANK NAME _____

BANK ROUTING NUMBER _____ BANK ACCOUNT NUMBER _____

BANK ADDRESS _____
Street _____ *City* _____ *State* _____ *Zip Code*

BANK CONTACT NAME _____ BANK PHONE NUMBER _____

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

**** IMPORTANT NOTICE ****

This form must be submitted no less than (7) seven business days prior to the date the payment is due.

I (We) hereby authorize the City of Covington to discontinue withdrawals from my (our) account at the financial institution named herein.

_____ Customer Signature(s) _____ Date

INTERNAL USE ONLY - Date Removed:

By: