

**City of Thibodaux
Authorization Form**

I authorize the City of Thibodaux to automatically draft my bank account at the specified financial institution below in payment of my accounts receivable account. I authorize the financial institution named below to withdraw from the designated account. Payment will be made on the scheduled draft (due) date shown on my bill.

I further agree that this authorization shall remain in effect until revoked by me in writing notifying the City of Thibodaux and/or canceled by the bank at least ten (10) working days prior to the presentation of a draft. Until this authorization is revoked, the bank is authorized to pay these drafts when so drawn presented for payment and to charge the same to my account. I will notify the City of Thibodaux if I change financial institutions or my account number changes.

I agree that the City of Thibodaux shall have no responsibility for personal checks written against my account and that my account shall be administered in accordance with the rules and regulations of the bank. I understand that the City of Thibodaux will impose a return fee if an invoice is not paid by my financial institution, in the same manner as a check returned for insufficient funds.

Date _____

FROM ACCOUNTS RECEIVABLE INVOICE:		
_____ - _____ Customer #	_____ Phone #	
_____ Name on Your Accounts Receivable Account		
_____ Mailing Address		
_____ City	_____ State	_____ Zip Code

FROM YOUR CHECK:		
_____ Name of Bank		
_____ 9 Digit Routing Number	_____ Bank Account Number	
_____ Your Name as Shown on Bank Account		
Please send a voided check to assure accuracy in processing.		

Signature

IMPORTANT: Attach a voided check to this form and send to:
City of Thibodaux
Attention: Accounts Receivable
P. O. Box 5418
Thibodaux, LA 70302

If you have more than one accounts receivable account with the City of Thibodaux and wish to have drafts drawn on all accounts, please fill separate forms for each account number.