BANK DRAFT AUTHORIZATION

	DATE:
Moulton Utilities Information:	
Name:	
Address:	
Account #:	
Phone Number:	
Bank Information:	
Bank Name:	
Routing #:	
Bank Account #:	
Name on Account:	
I give Moulton Utilities permission to dra	ft the amount of my utility bill from
my account the 5 th of the month	
Signature:	