



FRANKFORT PLANT BOARD

Bank Draft Authorization Form

Utility Customer's Name: _____

Service Address: _____

FPB Account(s): _____ Bill Cycle: _____

Name on Check: _____

Bank Name: _____

Bank Account No. : _____ Bank Routing No. : _____

As A Matter Of Convenience, I Hereby Authorize:

1. The Frankfort Plant Board (FPB) to request electronic payment of the amount due on my monthly utility from the above cited bank account.
2. The above cited bank to charge my account for the amount requested by FPB and process the electronic payment of the amount due.
3. I understand that a copy of each monthly billing will be mailed to me and should be reviewed for accuracy. I understand I must notify FPB of any inaccuracies, changes to my bank draft, or cancellation of my bank draft within 5 business days of my due date. I also understand that the FPB's return check policy will apply for bank drafts returned from their bank.
4. I have attached to the completed authorization form a preprinted, voided check with correct routing and account number information.

If a voided check is not available, attach documentation from your financial institution that has your name, routing and account number information.

Signature of Customer: _____

Date Signed: _____ Daytime Phone Number: _____

FPB Staff: _____