



Town of Abita Springs

Direct Payment Plan Authorization Form

Date: _____

Account #: _____

-For Office Purposes-	
Name:	_____
Date Entered:	_____
Initials:	_____
Verified:	_____

I authorize the Town of Abita Springs and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it, in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three (3) days before my account is charged.

THE DRAFT MAY APPEAR ON YOUR BANK STATEMENT PAYABLE TO TOAS (TOWN OF ABITA SPRINGS)

NAME OF FINANCIAL INSTITUTION	BRANCH	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
CITY, STATE, ZIP CODE		
SIGNATURE		
NAME (PLEASE PRINT)	PHONE #	
SERVICE ADDRESS (PLEASE PRINT)		
MAILING ADDRESS (PLEASE PRINT)		

-FOR OFFICE USE ONLY-		
ACCOUNT #	BANK ID CODE	CYCLE
CHECKING	SAVINGS	
ROUTING #	ACCOUNT #	

NOTE: IF we should receive *2 insufficient notices from your bank*, your account will automatically be removed from automatic draft, and conventional payment will be required.

- PLEASE ATTACH VOIDED CHECK -