

Automatic Bank Draft

City of Taylorsville – Department of Water

PO Box 279, 70 Taylorsville Rd

Taylorsville KY, 40071

Phone: 502.477.3235

Please attach a voided check in the blank space below:

Checking () Savings ()

I/We hereby authorize the City of Taylorsville to initiate debit entries to my/our account indicated above. This authorization is valid for variable amounts that will occur monthly on variable dates, as specified in my agreement with the City of Taylorsville. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of United States law. Depending on when this authorization is received, I understand that it could be the following billing cycle before it takes effect.

This authorization is to remain in effect until the City of Taylorsville receives notice from me/us of its termination in accordance with the dates listed below.

If your bill is due on the 10th of the month,
payment will be withdrawn on the 5th.

If your bill is due on the 25th of the month,
payment will be withdrawn on the 20th.

To terminate this agreement, notify the City of
Taylorsville by the 25th of the previous month.

To terminate this agreement, notify the City of
Taylorsville by the 15th of the previous month.

Water Account Number(s): _____ Cycle: _____

Print Name: _____

Signature: _____

Date: _____ Phone: _____