



CITY OF MANDEVILLE
3101 E CAUSEWAY APPROACH
MANDEVILLE LA 70448
985-626-3144
e-utilities@cityofmandeville.com

DIRECT PAYMENT PLAN AUTHORIZATION FORM

I authorize the City of Mandeville and the financial institution named below to initiate withdrawals from my checking or savings account on the 20th of each month. This authorization will remain in effect until I notify the city in writing to cancel it. I can stop payment of any entry by notifying the city three days before my account is charged. I understand that if the city should receive two insufficient notes from my bank, I will be automatically removed from electronic draft and conventional payments will be required. Please print all information below.

Name _____ Phone Number _____

Service Address _____

Mailing Address _____

E-Mail Address _____ City Account Number _____

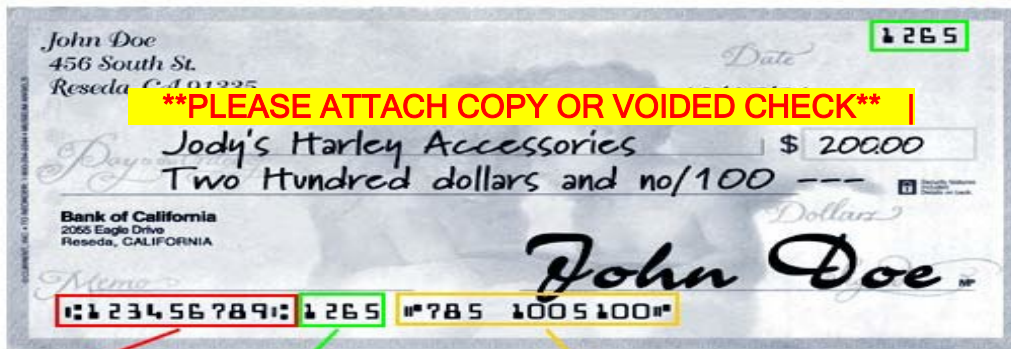
Name of Financial Institution _____

City _____ State _____ Zip Code _____

Bank Account Number _____ Checking _____ Savings _____

Financial Institution Routing Number _____ (See image below)

SIGNATURE _____ **DATE** _____



Routing Number **Check Number** **Bank Account Number**