

BANK DRAFT AUTHORIZATION FORM-CITY OF DALTON

Card Type (circle one): Checking Savings Other

Acct Number#: _____

Routing #: _____

Account Holders Name: _____

(Exactly as it appears on bank account)

Mailing Address: _____

City: _____

State: _____ Zip: _____

Card Holder Phone Number: (____) ____ - _____

Card Holder E-Mail address: _____

Draft Amount: _____

Months authorized draft account for payment: 1. From ____/____/____

To ____/____/____

OR

2. Until further notice

Account Holder Signature: _____

Account Holder Name (Print): _____

Date of Signature: _____

Received in Finance Dept.: _____