

ACH Bank Draft Form

Application is easy. Download this form, complete, and submit along with a voided check to the address below. If you do not have a check, please enter information clearly to accurately process your request. Your account will be drafted on the 24th of the month unless you request a different date under special request.

Name: _____

Service address: _____

Email address: _____ Phone: _____

I authorize HICO Utility to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law.

Terms of billing:

Starting on ___/24/20___ and on the 24th of each month through the time I vacate the service address or give written notice to stop bank draft with HICO Utility Company in the amount of \$_____.

Special Request: [payments are due before the 10th] _____

Bank name: _____ Routing # _____

Checking Savings Business Account number: _____

This payment authorization is to remain in effect until I, _____, notify HICO Utility Company of its cancellation by giving written notice in enough time for HICO and the financial institution to have reasonable opportunity to act on it.

I, _____, understand that any payment returned unpaid will be processed by HICO as "Insufficient Funds" and charged the \$30.00 NSF fee.

Customer Signature: _____ Date: _____

Email to hicoutilty@gmail.com OR Print form and mail to

HICO Utility
P.O. Box 156
Meridianville, AL 35759