

City of Franklin
Sewer Utility Office
 Post Office Box 697
 Franklin, Indiana 46131

Attention Customer: This form must be completed and received, along with a “voided” check, by our office before the last day of the month that the current bills are due. If we receive your information after the end of the month, you will be added the following month. Your bank account will be debited on the 17th of each month unless this date falls on a weekend or holiday. Your sewer bill must have a zero balance to begin this program. Please call our office at (317) 736-3640 with any questions. Thank You!

****PLEASE NOTE RESIDENTIAL CUSTOMERS: YOUR USAGES ARE UPDATED EACH YEAR IN MAY. THIS IS A 6 MO (OCT-MAR) WATER AVG. YOUR SEWER BILL AMOUNT COULD CHANGE. IF YOU ARE PAPERLESS, YOU MAY CHECK ON-LINE FOR THE EXACT BILLING AMOUNT @ WWW.FRANKLIN.IN.GOV.**

***AUTHORIZATION AGREEMENT
 FOR DIRECT DEPOSIT DEPOSITS (ACH DEBITS)***

Company Name: City of Franklin – Department of Public Works

I (we) hereby authorize City of Franklin, hereinafter called Company, to initiate debit entries to my (our) Checking Account indicated below at the depository financial institution named below, hereafter called Depository, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Depository (Bank)
 Name _____ Branch _____

City _____ State _____ ZIP _____

Check Routing _____ Checking Account
 Number _____ Number _____

Amount \$: “Current charges” line item on monthly billing statement

This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Printed Name of Authorization Signer _____

Service Address _____ Phone# _____

Mailing Address _____
Street City State Zip

Date _____ Signature _____

OFFICE USE ONLY	Xcl _____	Conf _____
Start Month _____	Kmpt _____	Usg _____
Received _____	HrtInd _____	
Acct# _____	Amt _____	
Name _____	Premise _____	