

CITY OF OXFORD ELECTRIC DEPARTMENT

P.O. BOX 827
300 MCELROY DRIVE

TELEPHONE / FAX NUMBER
662-232-2373 / 662-232-2375

BANK DRAFT AUTHORIZATION

PLEASE PRINT

Name as shown on Bank Records _____

Name of Bank and Branch, if any _____

Checking Account Number _____ Routing Number _____

Street Address of Bank _____ City or Town _____

I hereby authorize the City of Oxford Electric Department to draw a draft each month on my checking account in payment of Oxford Electric Department account.

No. _____, billed to _____
Name as shown on utility bill

It will not be necessary for the CITY OF OXFORD ELECTRIC DEPARTMENT or anyone employed by it to sign such drafts or checks, and I agree that your rights in respect to each draft or check shall be the same as if issued and signed personally by me. I further agree that you shall be under no obligation to furnish me with any special advice or notice in writing or otherwise of the presentment or payment of any such draft or check or the charging of the same to my account.

This authorization is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such draft or check.

The City of Oxford Electric Department is instructed to forward this authorization to you.

NOTE TO BANK: If the information on this card does not agree with your records or if this arrangement is unsatisfactory please call our business office.

Depositor's Signature

Telephone Number

Date

*Please fax or hand deliver form to the City of Oxford Electric Department only