



Direct Payment Authorization

City of Fairhope
P.O. Box 429
Fairhope, AL 36533
Phone: (251) 928-2136
Fax: (251) 302-7544
email: cashiers@fairhopeal.gov

Please Print

Date _____

Utility Account Number _____

Name _____

Service Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

*Until further notice I hereby authorize
The City of Fairhope
to electronically debit my bank account monthly for my utility bill, from the
following financial institution on the date due each month.*

Checking Account Number _____

Routing Number _____

Financial Institution _____

_____ New customer for bank draft

_____ Changing bank account for draft

_____ Stop bank draft

Please Attach Copy of Check, Not Deposit Slip

Customer Signature

Date