



City of Fairhope  
**Direct Payment Authorization**

P.O. Box 429  
Fairhope, AL 36533  
Phone: (251) 928-2136  
Fax: (251) 929-7423

**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*