

THE CITY OF PIKEVILLE

118 COLLEGE STREET  
PIKEVILLE, KY 41501

TELEPHONE: 606.437.5103  
FAX: 606.437.5106

AUTHORIZATION FOR AUTHOMATIC FUNDS TRANSFER

The undersigned authorizes The City of Pikeville to charge the undersigned checking or savings account for their monthly Utility bill.

It is further agreed that the designated account will be maintained with sufficient balance to cover the monthly payments. The City of Pikeville will charge a fee for transfers that cannot be completed due to insufficient funds according to the same guidelines as a returned check.

This authorization by the customer and its acceptance by The City of Pikeville may be terminated with a thirty day written notice.

Name of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Account #: \_\_\_\_\_

Please send a voided deposit slip or a void check with this form.

Customer Number: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Service Address if different: \_\_\_\_\_