

MAYOR
JAN-SCOTT RICHARD
CITY MANAGER
BRENDA T. DUGAS
CITY CLERK
SHELLEY M. GAUTREAU



COUNCIL
TROY BERGERON
At Large—Mayor Pro-Tem
DOYLE J. BOUDREAU
TERRY MONTOUCET
DANNY T. HOLLIER
KENNY J. SUIRE

Authorization for Direct Payment

I, hereby authorize City of Scott and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution days before my account is charged.

Customer Name (Print) _____

Customer Address (Print) _____

Utility Account Number _____

Customer Telephone Number _____

TO BE FILLED OUT BY THE BANK

Name of Financial Institution _____

City _____ State _____ Zip _____

ACH Account No. _____

Checking or Savings

ACH Financial Institution Routing Number _____

SIGNATURE OF BANK OFFICAL AND PHONE NUMBER

Print Name _____ Signature _____ Phone No _____