

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



**COUNCIL**  
MARK MOREAU  
*Councilman At Large*  
DOYLE J. BOUDREAU  
TERRY MONTOUCET  
LEE DOMINGUE  
BLAINE ROY

### 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 \_\_\_\_\_