



MAYOR
DAVID AMRHEIN

City of Zachary

P.O. Box 310
Zachary, Louisiana 70791
(225) 654-0287

COUNCIL:
FRANCIS NEZIANYA - DISTRICT 1
BRANDON NOEL - DISTRICT 2
JOHN COGHLAN - DISTRICT 3
DAN WALLIS - DISTRICT 4
TOMMY WOMACK - DISTRICT 5

BANK DRAFTING FORM

City of Zachary account number -

I authorize The City of Zachary and the financial institution named below to initiate entries to my checking/savings accounts. 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 3 days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my financial institution statement or 60 days after posting, whichever occurs first.

(Name of financial institution)

(Address of financial institution) (Street) (City) (State) (Zip Code)

(Signature) (Date)

(Name on City of Zachary account – PLEASE PRINT)

(Customer Service Address – PLEASE PRINT)

Checking Account No. _____ (or) Savings Account No. _____

Minimum Amount _____ Maximum Amount _____

Financial Institution Routing Number _____
(between these symbols 1: 1: on the bottom left of your check)

STAPLE VOIDED CHECK HERE