



Clarke-Mobile Counties  
**BANK DRAFT AUTHORIZATION**

**Authorization Agreement**

I hereby authorize Clarke-Mobile Counties to debit my checking/saving account at the following bank each month for my monthly gas bill.

**Account Information**

Name of Financial Institution: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_  Checking |  Savings

**Signature**

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Customer Name: \_\_\_\_\_  
Customer Number: \_\_\_\_\_  
Operator: \_\_\_\_\_ Date: \_\_\_\_\_