

Terrebonne Parish Consolidated Government Authorization Form
Direct Payment Program

Return completed form to:

Terrebonne Parish Consolidated Government

Customer Service Division

P.O. Box 6097

Houma, La. 70361

I hereby authorize Terrebonne Parish Consolidated Government and my financial institution to initiate debit entries to my (our) Checking Account. This authority shall remain in effect until cancelled via written notification by either party.

In addition, and most importantly, please include a VOIDED CHECK for accuracy and accountability of the precise bank routing and checking account number to be drafted upon returning this form with the below completed portion of this document. **Deposit Slips and Counter Checks are not acceptable.**

Please know the first draft is a pre-note and you'll have to continue paying your bill directly to us until your utility billing statement reads **"BANK DRAFT – DO NOT PAY."** This process may take approximately two (2) monthly billing cycles following your application.

Customer Name (Please Print): _____

Address (Service Location): _____

Utility Billing Account Number: _____

Name of Financial Institution (Bank): _____

Telephone Number (Daytime): _____

Signature & Date: _____