

## TPCG Direct Payment Program Authorization Form

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, please include a **voided check** for accuracy and accountability of the precise bank routing and checking account number to be drafted. **Deposit slips are not acceptable.**

Please note, the first draft is a pre-note. You will have to continue paying your bill directly to us until your utility billing statement reads **BANK DRAFT – DO NOT PAY** on the bottom coupon portion of your utility billing statement. This process may take two (2) billing cycles once your application is received.

Lastly, any **return check payment** warrants immediate restitution within 48 hours following your TPCG notification by cash, money order, or credit card (VISA, MC, Discover). You will be automatically removed from this program as a result; however, you may reapply by submitting a new application. In addition, this TPCG Policy prohibits the acceptance of another check after three (3) returned checks (e.g. - NSF, closed acct., unable to locate, stop payment, etc.) within a 12-month period for the next immediate 12 months that follow. This will also remove you from the program. You will have to submit a new application to reapply for this service.

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Customer Name (Please Print): \_\_\_\_\_

Address (Service Location): \_\_\_\_\_

Utility Billing Account Number: \_\_\_\_\_

Name of Financial Institution (Bank): \_\_\_\_\_

Telephone Number (Daytime): \_\_\_\_\_

Signature & Date: \_\_\_\_\_