

AUTHORIZATION AGREEMENT  
FOR AUTOMATIC BANK DRAFT

I authorize the Financial Institution named below to pay my accounts receivable bill by charging each payment to the account specified by me. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. A returned check fee will be charged for all non-sufficient funds.

AUTOMATIC BANK DRAFT

NAME \_\_\_\_\_  
(Financial Institution)

Street \_\_\_\_\_

City \_\_\_\_\_ STATE \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Water Acct# \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_  
(Checking Account only)

ABA/BANK ROUTING NUMBER \_\_\_\_\_  
(bottom left hand corner of check)

This authority is to remain in full effect until CITY has received written notification from me of its termination in such time and manner as to afford CITY and FINANCIAL INSTITUTE a reasonable opportunity to act on it.

COMPANY NAME \_\_\_\_\_ NAME \_\_\_\_\_  
(Please Print)

EMAIL ADDRESS: \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

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ATTACH PERSONALIZED DEPOSIT SLIP OR VOIDED CHECK

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