



## Authorization Agreement for Preauthorized Payments City of Carthage

I (we) hereby authorize the City of Carthage to initiate debit payments from my (our)

Checking Account

Savings Account

Bank Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Transit Number \_\_\_\_\_ Bank Account # \_\_\_\_\_

Customer Name \_\_\_\_\_  
(Please print)

Customer Address \_\_\_\_\_

Water Account # \_\_\_\_\_ Customer Phone # \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

This authorization is to remain in effect until written notification has been received from the customer to terminate this bank draft.

*Include a voided check with this form.*

*For Office Use Only:*

Date Received: \_\_\_\_\_

By: \_\_\_\_\_