

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED
UTILITY PAYMENTS

CITY OF CHETOPA

ACCOUNT# _____

I hereby authorize the City of Chetopa, hereinafter called CITY, to initiate debit entries to my () Checking () Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIPCODE _____

TRANSMIT/ABA NO. _____ ACCOUNT NO. _____

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

NAME _____ ACCT# _____

DATE _____ SIGNATURE _____

LOCATION OF SERVICE _____

Please attach VOIDED check or deposit slip.