

CITY OF WASHINGTON DEBIT AUTHORIZATION FORM

I (we) hereby authorize the **City of Washington**, hereinafter called **City of Washington**, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for Utilities. I (we) understand the dollar amount will vary month to month depending on utility usage.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip Code)

(Routing Number) (Account Number) Type of Account: ____ Checking ____ Other

This authority is to remain in full force and effect until the **City of Washington** has received written notification from me (or either of us) of its termination in such time and manner as to afford **The City of Washington** and the Financial Institution a reasonable opportunity to act on it.

(Signature) (Print Individual Name)

(Print Individual ID Number) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK OR A DEPOSIT SLIP TO THIS FORM!

- Notes:
- All written debit authorization must provide that the Receiver may revoke the authorization only by notifying the Originator in the manner specified in the authorization.