CITY OF SCOTTVILLE

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS FOR WATER/SEWER PAYMENTS

COMPANY NAME: City of Scottville COMPANY ID NUMBER: 567883064

I (we) hereby authorize City of Scottville hereinafter called COMPANY, to initiate debit entries to my (our) checking account_____or savings account_____ indicted below and the depository name below, hereinafter called DEPOSITORY, to debit the same to such account.

***Please print **clearly** and submit a **voided** check or deposit slip along with this form.

DEPOSITORY (BANK) NAME_____

CITY_____ STATE_____ ZIP_____

TRANSIT/ABA # _____ ACCOUNT # _____

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

NAME (S)_____ _____

ADDRESS_____

PHONE # _____WATER/SEWER ACCT. #_____

DATE_____ SIGNATURE_____

DATE_____ SIGNATURE_____

***Please allow up to 30 days for processing.
***Funds will be withdrawn the 5th of each month or the first business day after the 5th.
***In the event funds are not available on the 5th of the month, it will be the **customer's** responsibility to make sure the water bill is paid on time or risk paying a penalty or having the water shut off.
***If funds are unavailable for any given three (3) months, the City of Scottville has the right to discontinue this service to the customer.

FOR OFFICE USE ONLY

DATE RECV'D_____INITIALS____TRIAL DATE_____DEPOSIT SLIP____

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