

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

CITY OF BUSHNELL

Name as it appears on my Utility Bill: _____

Utility Bill Account Number: _____ - ____ Physical Address: _____

Contact Phone Number: _____ Emergency Number: _____

Name as it appears on my bank account: _____

Bank Name: _____ Branch: _____

Bank Routing number: _____

My Bank Account Number: _____

****IMPORTANT: Be sure to enclose a Blank, Voided check so we might verify the necessary routing and account numbers.**

I authorize the City of Bushnell to initiate monthly debit and/or credit entries to my bank account at the financial institution named above. I agree to allow the City of Bushnell to debit said account in the amount of my monthly utility bill. I understand that this authorization will be in effect until I notify the City of Bushnell in writing that I no longer desire this service, allowing reasonable time to process my notification. I also understand that the City of Bushnell will impose a processing fee of no less than \$ 20.00 should the debit entry not be paid by my financial institution and my account will be considered delinquent and unpaid until I remit the billed amount in cash and possibly be removed from the automatic payment system. The City of Bushnell reserves the right to cancel this agreement after giving thirty (30) days written notification.

The City of Bushnell is an equal opportunity service provider and performs all phases of service related activity without regard to race, color, religion, gender, sexual orientation, gender identity, or national origin, age, disability status, Genetic Information & Testing, Family & Medical Leave, protected veteran status, or any other characteristic protected by law.

Name: _____ Date: _____

Social Security No. _____ DL # _____

Signature:

EXAMPLE	Date: _____	Ck #
Pay to the Order of _____	\$ _____	
Bank name & Address		
For: _____		
	Routing #	Account #
	: 0123456789	: 01234567890 : 0001