

AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENT(S)

COMPANY NAME CITY OF HALSTEAD

FEDERAL ID NUMBER 48-6004032

I (we) hereby authorize The City of Halstead (hereinafter called COMPANY) to initiate entries to my (our) CHECKING SAVINGS account at the financial institution listed below (hereinafter called FINANCIAL INSTITUTION), for payment of utility services.

NAME OF FINANCIAL INSTITUTION _____

ROUTING # _____ ACCOUNT NO. _____

DATE FOR DEBIT IS THE 15TH OF EACH MONTH (or the first business day after if the 15th falls on a weekend or holiday). Files are sent to the bank 2 business days prior to withdrawal date.

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

NAME(S) _____
PLEASE PRINT

UTILITY ACCOUNT NO. _____

SIGNED _____ DATE _____

PLEASE ATTACH VOIDED CHECK HERE

FOR OFFICE USE ONLY:

ENTER CIC _____

DATE PRE-NOTE _____

EFFECTIVE WITH BILLING DUE _____

10/2020