

**CITY OF FAYETTEVILLE UTILITIES  
AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS**

I (we) hereby authorize CITY OF FAYETTEVILLE, hereinafter called COMPANY to initiate debit entries to my (our) \_\_\_\_\_Checking \_\_\_\_\_Savings Account (select one) indicated below and the depository named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account on or about the 3<sup>rd</sup> of each month for the monthly bills on my utilities service account.

FINANCIAL INSTITUTION:

NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO \_\_\_\_\_

I understand that if my account being charged for my water bill is insufficient to pay my bill, I remain liable and responsible to timely pay my bill, including any late fees that may apply.

I further understand that I may revoke this authorization to debit my above account for my water bill at any time. If I revoke this authorization, I understand that I must give written notice of such revocation to COMPANY.

This authority is to remain in full force and effect until COMPANY and FINANCIAL INSTITUTION have received written notification from me (or either or 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.

ACCOUNT NAME \_\_\_\_\_

CITY OF FAYETTEVILLE ACCT NO \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PHONE/CELL NO \_\_\_\_\_

DATE \_\_\_\_\_

**\*\*PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM\*\***