AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

I hereby authorize The City of Waterville to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account listed below.

Name of Financial Institution _____

City and State _____

Transit/ABA Number _____

Account Number _____

Circle One: Checking or Savings

This authorization is to remain in full force and effective until the City of Waterville has received written notification from me of its termination in such time and in such manner as to afford the City of Waterville and the Financial Institution a reasonable opportunity to act on it.

Water Account Number _____

Address _____

Date _____

Name _____

Signed _____

Date _____

*Please attach a **VOIDED CHECK** for the account listed.*

ATTACH CHECK HERE