



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS (ACH DEBITS)

CUSTOMER NAME: _____

SERVICE ADDRESS: _____

I hereby authorize The City of Crawford, hereinafter called Company, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any depository named below, hereinafter called Bank, to credit and/or debit the same such amount. Monthly Utility Bill will be drafted from the Bank no earlier than the 18th of each month.

(Please provide a voided check to ensure correct data)

BANK NAME: _____

BANK ADDRESS: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

This authority is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Bank a reasonable opportunity to act on it.

NAME: _____
(PLEASE PRINT)

SIGNED: _____

DATE: _____