## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

## **CITY OF BUSHNELL**

Name as it appears on my Utility Bill:	
Utility Bill Account Number: Physical A	Address:
Contact Phone Number: Emerger	ncy 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.	
Name:	Date:
Social Security No DL #	
Signature:	
EXAMPLE	Date: Ck #
Pay to the Order of	\$
Bank name & Address	
For:	
Routing # Account #  : 01234567890  : 0001	