

Authorization for Direct Payment Automatic Bill Payment

The City of Cresson

I (we) authorize the City of Cresson to initiate variable entries to my (our) account described below:

Checking Acct.# _____ Savings Acct.# _____

Financial Institution's Name: _____

Financial Institution's Address: _____

Attach a voided check or provide the financial institution's routing number:

_____ (found between these symbols | : _ _ _ _ - _ _ _ _ _ | : on the bottom left of your check). This authority is to remain in full force and effect until the City of Cresson has received written notification from me (or either one of us) of its termination in such time and manner as to afford the City of Cresson a reasonable opportunity to act on it.

Would you like the money taken out of your Account on the Tenth of every month or the Twentieth of every month? _____

Signature: _____

(Optional – For Joint Account)

Print Name: _____

Signature: _____

Address: _____

Print Name: _____

Date: _____

Date: _____

Telephone No. _____

Telephone No. _____

Cell # _____

Cell # _____