

CITY OF ULYSSES
UTILITY BILL AUTO DEBIT AUTHORIZATION FORM

I/we hereby authorize City of Ulysses, hereinafter called COMPANY, to initiate debit entries on my/our account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same such account for CITY UTILITY PAYMENT. I/we acknowledge that the origination of ACH transactions to my/our account must comply to the provisions of US Law.

Personal Information:

NAME

SERVICE ADDRESS

UTILITY ACCOUNT #

_____-_____-_____
SOCIAL SECURITY #

Bank Information:

FINANCIAL INSTITUTION NAME & BRANCH

ADDRESS CITY/STATE/ZIP

ROUTING NUMBER ACCOUNT NUMBER

TYPE OF ACCOUNT: CHECKING _____ SAVINGS _____

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

SIGNATURE PRINT NAME DATE

ATTACH VOIDED CHECK TO THIS FORM

