

CITY OF ROBERTSDALE  
AUTHORIZATION FOR PRE-AUTHORIZED PAYMENTS

I (we) authorize the CITY OF ROBERTSDALE, hereinafter called the CITY, to initiate debit entries and to initiate, if necessary, credit adjustments for any debit entries in error to my (our) \_\_\_checking account \_\_\_savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

BANK  
DEPOSITORY NAME \_\_\_\_\_ BRANCH \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TRANSIT/ABA# \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

I (we) certify that my (our) signature below is that of an authorized signer(s) and responsible party (ies) on the account to be credited or debited as a result of the authorization and further agree to indemnify and hold harmless the DEPOSITORY, the CITY, any financial institution originating the credit or debit and any other entity from any damage, loss, or cost incurred as a result of any unauthorized signature on this authorization.

I (we) further understand that the adjustment will be made to my (our) account listed above on the **TENTH** of each month, in the **amount owed** on my (our) **utility account** listed below.

This authority is to remain in full force and effect until the CITY has received **WRITTEN NOTIFICATION** from me (or either of us) of its termination **TWO WEEKS PRIOR** to the subsequent draft date.

NAME \_\_\_\_\_ UTILITY ACCOUNT# \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please attach a voided check if a checking account is selected.

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FOR CITY USE ONLY

Date Received \_\_\_\_\_ Processed By \_\_\_\_\_  
First Month Adjustment to be made \_\_\_\_\_