

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.

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 in such time and in such manner as to afford the CITY a reasonable opportunity to act on it.

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.

NAME _____ UTILITY
ACCOUNT# _____

SIGNATURE _____ DATE _____

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

FOR CITY USE ONLY

Date Received _____ Processed By _____

First Month Adjustment to be made _____