



CITY OF WALLED LAKE

AUTHORIZATION AGREEMENT FOR AUTOMATIC BILL PAYMENT CITY UTILITY BILLING

I hereby authorize **THE CITY OF WALLED LAKE**, hereinafter called "The City", to initiate debit/credit entries to my **CHECKING** **SAVINGS** account indicated below and the depository named below:
(Select One)

BANK INFORMATION

DEPOSITORY
NAME _____

CITY _____ STATE _____ ZIP _____

ABA / ROUTING NO. _____ - _____ - _____

BANK ACCOUNT NO. _____

DATE TO DEDUCT FIRST PAYMENT _____

UTILITY ACCOUNT INFORMATION

UTILITY ACCOUNT NO. _____

NAME _____

SERVICE
ADDRESS _____

MAILING
ADDRESS _____
(If Different)

CITY _____ STATE _____ ZIP _____

DAY-TIME
PHONE NO. _____ EMAIL _____

IMPORTANT INFORMATION

1. I understand all information provided here shall remain confidential.
2. I agree that if/when I no longer wish to participate in this program, I will notify The City in writing.
3. I understand that if at any time my automatic payment does not go through due to lack of funds in the account, I will be charged a \$25.00 Non-Sufficient Fund fee by The City and I will automatically be removed from the Automatic Bill Payment Program.

NAME _____

SIGNATURE _____

DATE _____

NOTE: When pre-authorizing payment transfers from a checking account, a voided check must be submitted with your agreement.