

AUTHORIZATION AGREEMENT
FOR AUTOMATIC PAYMENTS

I authorize the City of Elba Water & Electric department to initiate debit entries to my checking account indicated below at the financial institution named below. I understand that the draft will not be prior to the 5th day of the month.

INSTITUTION NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

This authorization is to remain in full force and effect until COMPANY has received notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it. All return items, whether checks or electronic drafts, are subject to normal return item fees.

NAME: _____ DATE: _____
(Please Print)

SIGNATURE: _____

ATTACH VOIDED CHECK

I authorize the City of Elba Water & Electric department to initiate debit entries to my credit card indicated below. I understand that the draft will not be prior to the **15th** day of the month.

TYPE OF CREDIT CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ BILLING ADDRESS: _____

NAME: _____ DATE: _____
(Please Print)

SIGNATURE: _____