

AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS

CITY OF CANTON WATER DEPARTMENT CUSTOMER ACCOUNT NO. _____

SERVICE ADDRESS _____

I (we) hereby authorize City of Canton, hereinafter called **COMPANY**, to initiate debit entries to my (our) Checking or Savings account (select one) indicated below and the depository named below, hereinafter called **DEPOSITORY**, to debit same to such account.

BANK NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

ROUTING/ABA NO _____ ACCOUNT NO _____

(CEFCU MUST BE 10-DIGITS)

SECRET CODE MOTHER MAIDEN NAME _____

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL **COMPANY** AND DEPOSITORY HAS RECEIVED WRITTEN NOTIFICATION FROM ME (OR EITHER OF US) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD **COMPANY** AND THE **DEPOSITORY** A REASONABLE OPPORTUNITY TO ACT ON IT.

PRINT NAME(S) _____ PHONE NO _____

SIGNATURE _____ DATE _____

ATTACH VOIDED CHECK BELOW