AUTHORIZATION FOR DIRECT PAYMENT

STAPLE VOIDED CHECK HERE

I authorize CITY OF ADA and the financial institution named below to initiate electronic entries to my checking/savings account. This authority will remain in effect until I notify you or the bank in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying you or my financial institution 3 days before my account is charged.

(NAME OF FINANCIAL INSTITUTION) (BRANCH)

(CITY) (STATE) (ZIP CODE)

(SIGNATURE) (DATE)

(NAME – PLEASE PRINT)

(ADDRESS – PLEASE PRINT)

Account Number _____ Checking ☐ Savings ☐

Financial Institution Routing Number ▮ ▮

PAYMENTS WILL BE DEDUCTED FROM YOUR ACCOUNT ON THE 8TH DAY OF THE MONTH.

PLEASE NOTIFY US IN WRITING IF YOU WISH TO CANCEL AUTHORIZATION.