

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT (BANK DRAFTS)

COMPANY NAME TOWN OF COLLIERVILLE

I (we) herby authorize TOWN OF COLLIERVILLE herein called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) { }CHECKING { } SAVINGS account indicated below and the depository named below, to debit and/or credit the same to such account.

BANK OR DEPOSITORY NAME _____ BRANCH _____

BRANCH CITY _____ STATE _____

ROUTING NUMBER _____ BANK ACCT. # _____

This authorization is to remain in full force and effect until the COMPANY 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 DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____ WATER ACCT # _____
(PLEASE PRINT)

PHONE # _____ ADDRESS _____

DATE _____ SIGNED _____ SIGNED _____

Payments not debited by bank due to "Insufficient Funds" will result in a \$25.00 fee added to the account.
Two "Insufficient Funds" notices will result in deletion from the bank draft program.

(PLEASE ATTACH A VOIDED CHECK)