

AUTHORIZATION AGREEMENT FOR PAYMENTS

I (we), _____ hereby authorize the utility billing department, hereinafter called **THE CITY OF ELDON**, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called **DEPOSITORY**, to debit same to such account.

DEPOSITORY NAME _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until **THE CITY OF ELDON** 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 **THE CITY OF ELDON** and **DEPOSITORY** a reasonable opportunity to act. In the event that the depository account does not have sufficient funds to cover the monthly payment it will be my/our, the customer's, responsibility to manually pay the bill.

I (we) understand that **THE CITY OF ELDON** is not liable for any act of the **DEPOSITORY** institution or for any effect the debiting of the account designated herein may have on said account with **DEPOSITORY** institution. I (we) agree to hold harmless and release fully from any liability whatsoever **THE CITY OF ELDON** from any claims I may have whatsoever in relation to the debiting of said account with **DEPOSITORY** institution or for any failure of said institution to properly debit my (our) account.

Signature

Date

Signature

Date

PLEASE ATTACH VOIDED CHECK HERE*