

DEBIT AUTHORIZATION

I (we) hereby authorize the City of Lawson, hereinafter called the COMPANY, to initiate debit entries to my (our) account indicated below and financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the account for: **WATER, SEWER, TRASH, PRIMACY FEE OR ANY SUCH UTILITY**, I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

NAME ON UTILITY ACCOUNT _____ PHONE # _____

CITY OF LAWSON ACCOUNT NUMBER _____ PAYMENT START DATE ____/ 25 / ____

NAME AS IT APPEARS ON BANK ACCOUNT _____

NAME OF FINANCIAL INSTITUTION _____

(Address)

(City/State)

(Zip)

Type of Account: **CHECKING** OR **SAVINGS** (Please Circle One)

(Routing Number)

(Account Number)

This authority is to remain in full force and effect until COMPANY has received in written notification from me (or either of us) of its termination is such time and manner as to afford COMPANY AND FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)

(Driver's License #)

____/____/____
(Expiration)

(Signature)

(Print Individual Name)

(Driver's License #)

____/____/____
(Expiration)

(Signature)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM