

**AUTHORIZATION AGREEMENT FOR AUTO PAYMENT**

I, \_\_\_\_\_, hereby authorize the City of Coggon, hereafter called CITY, to initiate credit/debit entries to my checking/savings account indicated below and depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

DEPOSITORY  
NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ROUTING/ABA #: \_\_\_\_\_

CHECKING ACCOUNT #: \_\_\_\_\_

OR SAVINGS ACCOUNT #: \_\_\_\_\_

Is this account a Business Account \_\_\_\_\_

This authority is to remain in full force and effect until CITY and DEPOSITORY have received written confirmation from me of its termination in such time and in such manner as to afford CITY and DEPOSITORY a reasonable opportunity to act on it.

PRINTED NAME: \_\_\_\_\_

CITY ACCOUNT #: \_\_\_\_\_

DATE TO DEBIT ACCOUNT (CHOOSE ONE ONLY) \_\_\_\_\_ 15<sup>TH</sup> OR \_\_\_\_\_ 25<sup>TH</sup>

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

\*\*This form is required to be retained for two years after termination of the authorization.\*\*