

ATTACH BLANK VOIDED CHECK PLEASE!

**AUTHORIZATION AGREEMENT FOR ACH DEBITS
CITY OF AVON PARK UTILITIES FEDERAL ID: 59-6000269**

CUSTOMER UTILITY ACCOUNT # _____

I (We) hereby authorize the City of Avon Park, hereinafter called COMPANY, to initiate debit entries and/or correction entries to our: (select one)

- Checking Account
- Savings Account

Indicated below is the depository named, herein called DEPOSITORY, to credit the same such account.

DEPOSITORY (BANK) NAME

BRANCH LOCATION (CITY, STATE)

BANK TRANSIT/ABA NUMBER

ACCOUNT NUMBER

This authorization is to remain in full force until COMPANY has received notification from me (or either of us) of its termination in such time and such manner as to afford COMPANY and DEPOSITORY reasonable opportunity (30 days) to act upon it.

ALL PARTIES AUTHORIZED TO THIS BANK ACCOUNT are identified below:

PRINT NAME

SOCIAL SECURITY NUMBER or FEIN

SIGNATURE

DRIVERS LICENSE NUMBER & STATE

TODAY'S DATE

PRINT NAME

SOCIAL SECURITY NUMBER or FEIN

SIGNATURE

DRIVERS LICENSE NUMBER & STATE

TODAY'S DATE

OFFICE USE ONLY:	
ROUTE: _____	MASTER UPDATE: <input type="checkbox"/>
EMPLOYEE: _____	CREDIT UPDATE: <input type="checkbox"/>
	ACH UPDATE: <input type="checkbox"/>
	COMPLETED BY: _____
	DATE: _____