

# Pre-Authorized Payment Agreement

Customer Name \_\_\_\_\_

Service Address \_\_\_\_\_

Telephone Number : home \_\_\_\_\_ cell \_\_\_\_\_

Utility Account Number \_\_\_\_\_

I (we) hereby authorize The City of Bad Axe,  
hereinafter called "the Company" to initiate debit entries to my (our) Checking /  
Savings account, indicated below.

Financial Institution (receiving the debit)

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing (ABA) Number \_\_\_\_\_

Account Number \_\_\_\_\_

**Please include a voided check with this form.**

IF FUNDS ARE NOT AVAILABLE FOR YOUR TRANSACTION, A CHARGE  
OF \$25.00 WILL APPLY.

This authority is to remain in effect until "the Company" and the Financial  
Institution have received written notification from me (us) to terminate the  
automatic debit, and allowed a reasonable opportunity to act upon the request to  
terminate.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_

Company Representative

**Cancellation of this agreement must be made prior to the 1<sup>st</sup>  
of the month.**