

CITY OF CONDON

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

I (We) hereby authorize the City of Condon to initiate debit entries to my (our) checking account indicated below and the *depository* (Bank) named below, hereinafter called *Depository*, to debit the same to such account. This authority is to remain in full force and effect until the City of Condon and Depository have 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 Condon and Depository a reasonable opportunity to act on it.

- New
- Changed
- Please deduct the exact amount of my monthly billing and/or monthly budget billing amount.

Consumer: _____

Customer #: _____

Signed: _____ Date: _____
Consumer

Signed: _____
City of Condon Representative

The date your payment will be deducted from your account will be the 10th of the month. Deduction to begin as of _____ (month/year).

You will continue to receive your monthly invoice.

(ATTACH VOIDED CHECK HERE)