

**AUTHORIZATION AGREEMENT FOR
AUTOMATED PAYMENTS (DEBITS)**

COMPANY NAME: CITY OF PHILLIPSBURG COMPANY ID NUMBER: 486104788

I (we) hereby authorize CITY OF PHILLIPSBURG, hereinafter called Company, to initiate debit entries to my (our) _____ **Checking** _____ **Savings (check one)** indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account.

DEPOSITORY (BANK): _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TRANSIT/ ABA (ROUTING): _____

ACCOUNT NO: _____

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

PRINT NAME (S): _____

SERVICE ADDRESS OR ID NUMBER: _____

SIGNATURE: _____ **DATE:** _____

**PLACE A
VOIDED CHECK
HERE**
