

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
FOR UTILITY BILL**

CITY OF MT. MORRIS

11649 N. SAGINAW STREET

MT. MORRIS, MICHIGAN 48458

I (we) hereby authorize the City of Mt. Morris, hereinafter called the CITY, to initiate debit entries to my (our) **Checking** or **Savings** account (**SELECT ONE**), and list the depository name below, hereinafter called **DEPOSITORY**, to debit same to such account.

Such withdrawals shall be for the total amount due on the utility bill and shall be payable monthly on the due date (usually the 25th of each month unless such date falls on a weekend or holiday). I acknowledge and agree that if at any time there are insufficient funds to pay the full amount the City will send me notice and I will have to pay the full amount originally owed with an additional **NSF** fee in the amount of **\$30** to the city by **CASH OR MONEY ORDER ONLY** within 10 business days of the NSF notice. Failure to pay in a timely manner may result in utility service disconnection.

DEPOSITORY (BANK) NAME: _____

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

TRANSIT/ABA NO. _____

ACCOUNT NO. _____

This authority is to remain in full force and effect until the CITY has received written notification within **30 Days** from me (or either of us) of its termination in such manner as to afford the CITY a reasonable opportunity to act on it.

NAME(S) _____ **DATE:** _____

SIGNATURE _____

ADDRESS: _____

PHONE: _____

FOR TERMINATION OF ACH AGREEMENT ONLY

SIGNATURE: _____

DATE: _____

