

AUTHORIZATION FOR
AUTOMATIC (DIRECT) DEBIT

COMPANY NAME: City of Afton

I/We authorize City of Afton to initiate debit entries and, if necessary, to initiate any credit entries to correct an erroneous debit entry to my/our account at the DEPOSITORY (identified below).

DEPOSITORY NAME: _____
ROUTING NUMBER: _____
ACCOUNT NUMBER: _____ Checking _____ Savings
FREQUENCY: _____ START DATE: _____
AMOUNT: _____

I/We understand that this authorization replaces any previous authorization and will remain in full force and effect until City of Afton has received written notification from me (or either of us) of its termination in such time and in such manner as to afford City of Afton and DEPOSITORY a reasonable opportunity to act on it.

NAME (Print or Type): _____
Signature: _____
Date: _____

Cancel Authorization:

I/We hereby cancel my authorization for direct debit.

NAME (Print or Type): _____
Signature: _____
Date: _____

Below attach a voided check to the account in which you want your automatic debit.