City of Baker

"Great American Hometown"

CONSOLIDATED UTILITIES SYSTEM

Bankdraft Program

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME_____ **CUSTOMER'S ACCOUNT NO.**_____

I (we) hereby authorize_____**, hereinafter call COMPANY, initiate debit entries to my (our) ☐ checking ☐ savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account.**

DEPOSITORY NAME_____ **BRANCH**_____

CITY_____ **STATE**_____ **ZIP**_____

ROUTING/TRANSIT NO._____ **CHECKING/SAVINGS ACCOUNT NO.**_____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received a 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.

NAME(S)_____ **PHONE NO.**_____

DATE_____ **SIGNED**_____

A voided check from the account being used must be attached to this form.
Keep a copy of this form for your record.