



AUTHORIZATION AGREEMENT FOR AUTOMATED DEBIT ENTRIES

Please Print Clearly

Financial Institution Name: _____

Financial Institution Address: _____

Routing Number: _____

Account Number: _____

Checking _____ Savings _____

Water/Sewer Account Number: _____

This recurring transaction is to begin on _____ and occur monthly thereafter in the amount of the current utility bill.

Initial _____

I authorize the City of Wayland to debit/credit my checking and/or savings account.

Initial _____

In the event that my financial institution changes, I understand that I am responsible for notifying the City of Wayland.

Initial _____

Non-receipt of an automated debit transaction does not alter the due date, late fees, or other fees associated with non-payment of your utility bill.

Initial _____

This authorization is to remain in effect until the City of Wayland has received written notification of its termination in such time and in such manner as to afford the City of Wayland a reasonable amount of time to act on it.

Initial _____

Signature: _____ Phone#: _____

Date: _____ Address#: _____