



## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (EFT DEBITS)

NAME (PLEASE PRINT): \_\_\_\_\_

UTILITY ACCOUNT #: \_\_\_\_\_ SERVICE ADDRESS: \_\_\_\_\_

I (we) hereby authorize the City of Centralia to initiate debit entries to my (our) checking account at the depository financial institution named below and to debit the same to such accounts. I (we) acknowledge that the origination of EFT transactions to my (our) account must comply with the provisions of U.S. law.

**I (we) understand payment will be deducted from my (our) account on the due date indicated on my (our) bill or the first business day thereafter.**

Additional charges will be applied to your account when an unpaid draft is returned by the bank; non-sufficient funds (NSF) will be charged \$20. Customers having two or more declined payments will be removed from AUTOPAY and can reapply after one year.

BANK NAME: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

This authorization is to remain in full force and effect until **written notification from signatory(s)** of its termination in such time and in such manner to afford the City of Centralia and your bank a reasonable opportunity to act on the cancellation.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGN HERE TO TERMINATE EFT AGREEMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

**ATTACH VOIDED CHECK HERE:**

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Processed  Letter Acknowledgement  CSC Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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