



Account # _____

City of Horn Lake Utility Department
Authorization Agreement for Automatic Payments

Name _____
(AS IT APPEARS ON FINANCIAL INSTITUTION RECORDS)

Address _____
(SERVICE ADDRESS)

City _____ State _____ ZIP _____ Phone _____

Financial Institution _____

Bank Address _____

City _____ State _____ ZIP _____

ABA (routing) Number _____

Checking Account Number _____ (Attach a voided check)

(Attach a copy of identification)

I hereby authorize the Financial Institution named above to pay my monthly (fees, bill) by charging each payment to my account and to make that deduction payable to the order of City of Horn Lake. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, that both the Financial Institution and City of Horn Lake reserve the right to terminate this payment plan (or my participation therein).

Signature _____ Date _____

Note: Please return one complete copy of this authorization, a VOIDED check on your bank account, and a copy of Identification to: City of Horn Lake Utility Office, 3101 Goodman Road West, Horn Lake, MS 38637. Keep a copy for your records.

Utility Office Received Date _____

Clerk _____