

CITY OF MIDWAY WATER BILLING AUTHORIZATION AGREEMENT FOR  
PREAUTHORIZED PAYMENTS

NAME(S) \_\_\_\_\_ WATER SVC ACCT # \_\_\_\_\_

I (We) hereby authorize *Midway Water, Sewer, Garbage* hereinafter called COMPANY, to initiate bank debit entries to my (our) [ ] Checking [ ] Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same such account.

VOIDED CHECK NEEDED FOR VERIFICATION OF INFORMATION

DEPOSITORY

NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TRANSIT/ABA# \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

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

DRIVERS LICENSE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_