

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
UTILITY BILLING**

I (we) hereby authorize the City of Mount Vernon to initiate debit entries to my (our) checking account indicated below. Please include a voided check or deposit slip with this paper when it is returned to City Hall. City Hall cannot debit your account without a signature on this form.

Bank Name _____

City _____ State _____ Zip _____

Bank ABA/Routing Number _____ Account Number _____

This authority is to remain in full force and effect until the City of Mount Vernon has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the City of Mount Vernon and my banking institution a reasonable opportunity to act on it.

Name _____ Signed _____

Name _____ Signed _____

Date _____

Account Number _____