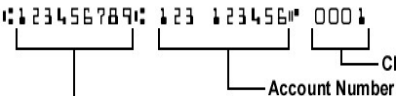


AUTHORIZATION FORM

Organization Name: City of Swisher

FOR OFFICE USE ONLY	CUSTOMER #	DATE		
Effective date of authorization: ____/____/____				
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment				
Last Name		First Name		
Address				
City		State	Zip	
Phone Number:		Email Address:		
MONTHLY PAYMENT: For Sewer/Refuse Fees Date for monthly withdrawal <input type="checkbox"/> 20 th Date of first payment: ____/____/____ Amount of monthly payment: <u>(Please circle amount to be taken out)</u> \$85.25 Residential or \$116.88 Commercial (incl tax) or \$_____ Other Amount				
CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below) Name of the bank _____		Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 	
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____			

If using a checking account, please attach a voided check to the bottom of this page.