AUTHORIZATION FORM

Organization Name: City of Swisher

FOR OFFICE USE ONLY	CUSTOMER #	DATE

Effective date of authorization: _____/_____/_____

Type of authorization:
- ❑ New authorization
- ❑ Change banking information
- ❑ Change payment amount
- ❑ Discontinue electronic payment
- ❑ Change payment date

Last Name	First Name	
Address		
City	State	Zip
Phone Number:	Email Address:	

MONTHLY PAYMENT: For Sewer/Refuse Fees

Date for monthly withdrawal ❑ 20th

Date of first payment: _____/_____/_____

Amount of monthly payment: (*Please circle amount to be taken out)*

$85.25 Residential or $116.88 Commercial (incl tax) or $_____ Other Amount

CHECKING / SAVINGS

Please debit payment from my (check one):

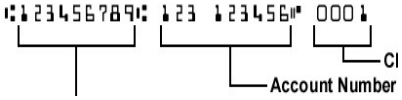
- ❑ Savings Account (contact your financial institution for Routing #)
- ❑ Checking Account (staple a voided check below)

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.