

Automatic Payment Authorization Form

I (we) hereby authorize the City of Sanger to initiate entries to my (our) checking/savings accounts at the financial institution listed below and, if necessary, initiate adjustments for any transactions debited in error. This authority will remain in effect until the City of Sanger is notified by me (us) in writing to cancel it in such time as to afford the City of Sanger and their financial institution a reasonable opportunity to act on it.

Utility Account Number(s)

Name of Financial Institution

Address of Financial Institution – Branch, City, State, & Zip

Name

Address, City, State & Zip

Mailing Address, City, State & Zip

Email Address

Phone Number

Signature

Date

Financial Institution Routing Number

Checking/Savings Account Number

These numbers are located on the bottom of your check as follows:

