PRENOTE MONTH	FIRST WITHDRAW MONTH

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT PAYMENT

CITY OF FRANKLIN _____ _____

COMPANY NAME | CUSTOMER ACCOUNT # | SERVICE ADDRESS

I authorize **CITY OF FRANKLIN**, hereinafter called COMPANY, to initiate debit entries to my (our):
☐ CHECKING ☐ SAVINGS indicated below, at the depository Financial Institution named below, hereinafter called DEPOSITORY. Also, if necessary, initiate adjustment for any transactions debited in error.

_____ _____

FINANCIAL INSTITUTION | BRANCH

_____ _____ _____

CITY | STATE | ZIP CODE

_____ _____

ROUTING/TRANSIT NUMBER | **ACCOUNT NUMBER**

The City of Franklin has permission to deduct the total due amount for water, sewer, garbage, and any additional unpaid fees on the address listed above from the bank account listed above on the 15th of each month. If the 15th shall fall on a Holiday or weekend it is up to each individual bank as to when the funds would be pulled from the above account. This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time, and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

_____ _____

CUSTOMER NAME (PLEASE PRINT) | **PHONE NUMBER**

_____ _____

CUSTOMER SIGNATURE | **DATE**

NOTE: IN THE CASE OF REVOKED AUTHORIZATION, ALL WRITTEN AUTHORIZATIONS **MUST** BE REVOKED ONLY BY NOTIFYING THE ORIGINATOR (COMPANY) IN WRITING NO LATER THAN 15 DAYS BEFORE THE NEXT TRANSACTION EFFECTIVE DATE.

ATTACH VOIDED CHECK HERE