

Debit Authorization Form

I (we) hereby authorize The City of Arnoldsville Water Dept. to initiate a CHARGE entry to my (our) checking/savings account at the *Financial Institution* indicated below, and initiate adjustments (if necessary) for any transactions credited/debited in error. This authority will remain in effect until The City of Arnoldsville is notified by me (us) in writing to cancel it in such time as to afford The City of Arnoldsville Water Dept. and Financial Institution a reasonable opportunity to act on it.

Date(s) and/or frequency of debits(s): Once a month (monthly)

Name of Financial Institution

Location (City, State)

Financial Institution's Routing Transit Number
(Look between symbols " " on your check)

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Customer Signature

Date

City of Arnoldsville Water Account Number(s) _____

Checking Account # _____

Savings Account # _____

Please Attach a Copy of a Cancelled Check