

Direct Payment (DP) Authorization Form

Name: _____ Utility Acct No: _____

I (we) hereby authorize the **CITY OF SHEFFIELD LAKE – WATER DEPT.**, hereinafter called COMPANY and the depository financial institution named below, hereinafter called DEPOSITORY, to initiate electronic debit entries, and if necessary, credit entries to my account listed below. I (we) acknowledge that the origination of DP transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Branch)

(Financial Institution Address)

(City, State, Zip Code)

(Routing Number)

(Account Number)

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

(Print Name)

(Authorized Signature)

(Your Address)

(Date)

**ATTACH ORIGINAL VOIDED CHECK
ATTACH PHOTO I.D. OR COPY OF CURRENT DRIVER'S LICENSE**