



Automatic Withdrawal Authorization Form

A. Customer Information

Customer Name

Customer Number

Address

Phone Number

City, State, Zip

B. Bank/Financial Institution Information

Name of Bank/Financial Institution

Phone Number of Institution

Address

Account Number

City, State, Zip

Bank ABA/Routing Number

Check One: Checking Savings

C. Authorization Statement

I (we) hereby authorize the City of DuPont to automatically withdraw from my (our) account identified above, the total amount due as stated on my (our) bi-monthly billing statement for all charges at the above service address, and to make deposits, if necessary, for error corrections. I (We) authorize the Financial Institution named above to accept such transactions initiated by the City. The withdrawals shall be made from my (our) account within approximately fifteen (15) days after the billing date. The City will terminate this agreement upon notification from the bank of insufficient funds or closed account. In that event, my (our) utility account will be charged the City's current NSF service charge fee as set forth by the City's policy.

Otherwise, this authorization is to remain in effect until the City has received written notification from me (us) of termination, in such time as to afford the City a reasonable opportunity to act on it. I (we) am aware of my right to stop payment of withdrawal by notifying the City up to three (3) business days before the withdrawal date. I (we) am also aware it is my (our) sole responsibility to notify the City of any changes to my (our) account information.

Customer Signature

Date

**PLEASE ATTACH A VOIDED CHECK
DEPOSIT TICKETS WILL ONLY BE ACCEPTED FOR SAVINGS ACCOUNTS!**