

Direct Payment Authorization

Name: _____

I hereby authorize the City of Granite City, hereinafter called Company, to initiate debit entries to my (our) account (and correcting credit entries, if needed) indicated below and the depository named below, hereinafter called Depository, to credit the same such account.

Depository (Bank) Name: _____

Select Checking: _____ or Savings: _____

Account Number: _____

Transit/ABA No. (Routing) _____

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 in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Signed: _____

Date: _____

Please Select Date For Auto Withdraw 1st ____ or 15th ____

Please attach a voided check.

FOR OFFICE USE ONLY

Payment Amount: \$ _____

Sewer Account #: _____