## **Authorization For Direct Payment of Utilities** From Bank Account

I authorize City of Olivia and the financial institution named below to initiate electronic entries to my checking/savings account. This authority will remain in effect until I notify you and the bank in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying you or my financial institution 3 days before my account is charged.

(PRINTED NAME OF UTILITY CUSTOMER)	(ADDRESS)	(PHONE NUMBER)
(NAME OF FINANCIAL INSTITUTION	(BRANCH)	(PHONE NUMBER)
(FINANCIAL INSTITUTION ROUTING NUMBER)	(ACCOUNT NUMBER)	SavingsChecking
(BANK ADDRESS)	(CITY)	(STATE ZIP CODE)
(SIGNATURE OF UTILITY ACCOUNT HOLDER)		
(SIGNATURE OF UTILITY ACCOUNT HOLDER)  Imply complete and return the attached autor checking accounts) or a deposit slip (for a syments will be deducted from your accountless on a weekend or a holiday, the deduction	savings accounts). t on the 20 <sup>th</sup> day of the 1	month due. If the $20^{ m th}$
imply complete and return the attached aut or checking accounts) or a deposit slip (for ayments will be deducted from your accoun	savings accounts). t on the 20 <sup>th</sup> day of the r n will occur on the next	month due. If the 20 <sup>th</sup> business day.