



**AUTHORIZATION AGREEMENT
AUBURN AUTOMATED PAYMENT SERVICE
DIRECT DEBIT**

Mail to: The City of Auburn Finance Department, 25 W Main Street, Auburn WA 98001
TELEPHONE # 253-931-3038

Customer Name _____

Service Address _____

City _____ State _____ Zip _____

Phone Number _____

Auburn Utility Account Number (if known) _____

I (we) hereby authorize the City of Auburn (CITY) to automatically withdraw from my (our) checking or savings account, identified below, the amount stated on my (our) utility statement for all water, sewer, storm water and/or garbage fees at the above service address and the FINANCIAL INSTITUTION named below to accept such withdrawals initiated by the CITY. The withdrawal shall be made from my (our) checking or savings account on the posted due date of the current statement, approximately 20 days after the billing date.

Financial Institution _____ Branch _____

City _____ State _____ Zip _____ Phone _____

Bank Account No _____ Transit/Routing No _____

Withdraw funds from (check one only): Checking _____ or Savings _____

This authorization is to remain in effect until the CITY has received written notification from me (or either of us) of termination in such time as to afford the CITY and the FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Signature _____ Date _____

Additional Signature on Account _____ Date _____

ATTACH A VOIDED CHECK FROM YOUR CHECKING OR SAVINGS ACCOUNT HERE