

Authorization Agreement for Automatic Drafts ACH Debits

I (we) hereby authorize **City of Bossier City**, hereinafter called **City**, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) checking account indicated below and the **Financial Institution** named below, hereinafter called the Financial Institution, to debit and/or credit the same to such account.

Financial Institution: _____

City: _____ State: _____ Zip: _____

Routing Transit# / ABA# _____ Account# _____

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

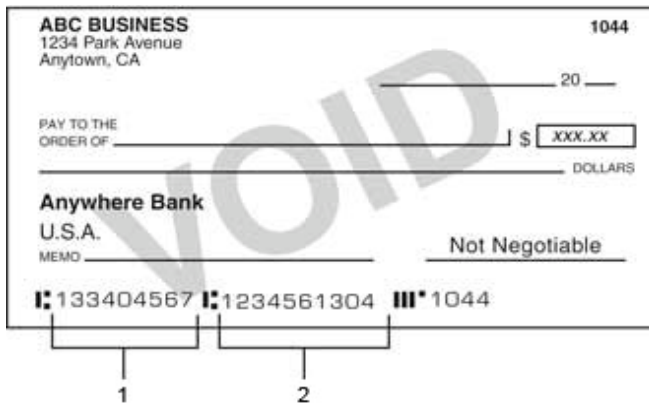
Name: _____
(Please print as it appears on your Utility Account)

Name: _____
(Please print as it appears on your Checking Account)

Phone Number: _____

Date: _____ Signature: _____

Attach a personal check marked "Void" to this form. Do not attach a deposit slip.



1. Routing Transit Number
(requires 9 digits)

2. Bank Account Number
(not to exceed 17 digits)

Mail this form along with your check to:

City of Bossier City – Water Dept.
P.O. Box 5337
Bossier City, LA 71171

Or

Fax this form along with a copy of your check to 318-741-8540.