

CITY OF SENATOBIA

UTILITY DIVISION

133 N. FRONT STREET

P. O. BOX 1020

SENATOBIA, MS 38668-1020

(662) 562-5251

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

NAME: _____ PHONE: _____
(as it appears on financial institution records)

SERVICE ADDRESS: _____

FINANCIAL INSTITUTION: _____

BANK ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NUMBER: _____

CHECKING ACCOUNT NUMBER: _____ (Please attach a **VOIDED** check)

I hereby authorize the Financial Institution named above to pay my monthly bill by charging each payment to my account and to make that deduction payable to the **City of Senatobia**. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, that both the Financial Institution and the City of Senatobia reserve the right to terminate this payment plan and/or my participation therein.

DATE: _____ SIGNATURE: _____

NOTE: Please return one completed copy of this authorization and a **VOIDED** check on your account to: **City of Senatobia, P. O. Box 1020, Senatobia, MS 38668**. Please retain a copy of this form for your records.

(OFFICE USE ONLY)

ACCT # _____

DATE _____