

AUTHORIZATION AGREEMENT
FOR PREAUTHORIZED PAYMENTS

I (we) hereby authorize the City of Rock Falls, 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) accounts indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account. These debit entries are solely for the payments of my City utility bills. I agree that each payment shall be the same as if it were an instrument personally signed and authorized by me in writing.

PLEASE ATTACH A VOIDED CHECK
or SUPPLY THE FOLLOWING INFORMATION

Bank Name: _____
Routing Number: _____
Account Number: _____

This authority is to remain in full force and effect until the CITY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and manner as to afford the CITY and DEPOSITORY a reasonable opportunity to act on it. The CITY must receive notice of termination at least five (5) days prior to the due date of my bill.

Name: _____

Utility Acct #: _____

Date: _____

Signature: _____