

PRE-AUTHORIZED PAYMENT AGREEMENT

BUSINESS NAME: City of Crown Point

****AUTO DEBIT** OUT OF CHECKING ACCOUNT****

FINANCIAL INSTITUTION INFORMATION

I (we) hereby authorize THE CITY OF CROWN POINT, hereinafter called BUSINESS, to initiate debit entries and if necessary, credit entries or adjustments to my (our) checking account indicated below, located at the Financial Institution named listed below, hereinafter called FINANCIAL INSTITUTION, and to debit same to such account shown below.

(Financial Institution Name)

(Branch)

(Address)

(City - State)

(Zip)

(Routing/Transit Number)

(Checking Account Number)

This authority is to remain in full force and effect until BUSINESS has received written notification from me (or either of us) of its termination in such time and manner as to afford BUSINESS and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print individual name)

(Print individual name)

(Signature)

(Signature)

(Date)

(Home telephone number)

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

(Billing Account Name)

(Service Street Address)

(Billing Account Number)

Applications received by the 5th of the month will be automatically deducted starting on the 9th day of the following month and thereafter. The billing stub will indicate the amount deducted and the words **DO NOT PAY - AUTOMATIC DEDUCTION** will appear.

If you have any questions about this form, please call 662-3235, menu option number one.

Note: Chronic non-sufficient funds accounts will be removed from the pre-authorized payment program by the Business.

OFFICE USE ONLY:

Date Received: _____ by _____ Date Posted: _____ Has the check been voided? _____