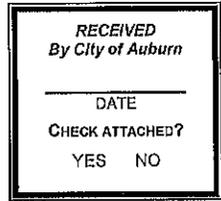


CITY OF AUBURN

Direct Debit Authorization



CUSTOMER NAME: _____

CUSTOMER MAILING ADDRESS: _____

CUSTOMER PHONE NUMBER: _____ (7:30 a.m. -4:00 p.m. Mon -Fri)

For City Utility Account # _____
A separate form must be completed for each account.

- Deduct: the total amount of the bill
 (✓ one) --OR--
 my equalizer amount *(THIS AMOUNT IS REFIGURED EACH MAY)*

From: Bank Name: _____
 Bank City, State: _____
 ABA Routing #: _____
 Bank Acct #: _____
 Type of Acct: Checking Savings Other: _____
 Attach a copy of a voided check for this account.

I hereby authorize the City of Auburn to debit my bank account on the **25th day of each month** according to the instructions above until these directions have been amended or revoked in writing.

If there are insufficient funds in this bank account to cover the debit authorization, I agree to pay any bank charges incurred, &/or penalties & interest assessed by the City.

NOTE: If the 25th falls on a weekend or holiday, the funds will be deducted the prior business day.

Customer Signature

Date

For Office Use Only:

- City Acct# verified By: _____
- Bank Acct# verified..... By: _____
- Names verified city/bank acct By: _____
- Customer called/confirm receipt.... By: _____ / Date: _____
- Month started DDA..... By: _____