

CITY OF GLOBE

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

Use this form to add, change, or cancel a direct payment. Each account requires a separate form and all changes must be in writing.

To set up direct payment you must:

Find out if your financial institution accepts direct payments.
Verify the transit (ABA) number and your account number.

Determine if your financial institution has any special requirements for receiving a water/sewer/garbage direct payment.

PLEASE ATTACH A VOIDED CHECK

Please check the appropriate blank:

_____ New Set-up _____ Change Information _____ Cancel Agreement

Your Financial Institutions Name: _____

Routing #: _____ Account #: _____

Checking Account: Savings Account:

I hereby authorize The City of Globe Water Department to initiate withdrawals from my account and, if necessary, credit the same to the above named financial institution and account.

This authorization is to remain in full force and effect until The City of Globe Water Department has received written notification from me of its termination in such time and in such manner to afford The City of Globe Water Department a reasonable opportunity to act on it.

PAYMENTS WILL BE DEDUCTED FROM YOUR ACCOUNT ON THE 10TH OF EACH MONTH

Customer Name: _____

Customer Signature: _____ Date: _____

THIS FORM WILL NOT BE ACCEPTED WITHOUT A VOIDED CHECK