

## AUTHORIZATION AGREEMENT

Name of your bank or credit union (please print) \_\_\_\_\_

Account from which you wish funds transferred:

Checking Account Number \_\_\_\_\_

or

Savings Account Number \_\_\_\_\_

Print your name \_\_\_\_\_

(as shown on financial institution records)

Home address \_\_\_\_\_  
street city state zip

Signature \_\_\_\_\_

(as shown on financial institution records)

**IMPORTANT NOTE:** To ensure proper bank coding of your transfer, please ATTACH A CHECK or DEPOSIT SLIP that you have marked "VOID" showing your complete account number.

I authorize Spanish Fork City to begin deductions from my account with the financial institution named for payment on my city utility bill.

This authorization will remain in effect until revoked by me in writing. I understand that I have the right to stop automatic payment of my city utility bill upon timely written notice to Spanish Fork City prior to the time my account is charged. I understand that Spanish Fork City and/or the financial institution indicated reserve the right to end this payment plan and my participation therein.

On \_\_\_\_\_ (date) I authorized (name of bank or credit union) to pay and charge my account the amount of any Automatic Bill Payment service drawn on my account and payable to the order of Spanish Fork City. I signed as follows:

Signature \_\_\_\_\_

Date \_\_\_\_\_

Your utility account number \_\_\_\_\_  
(as shown on your bill)

Thanks.