

DIRECT BILLING AUTHORIZATION FORM

I hereby authorize the City of Warr Acres, hereinafter called CITY, to initiate debit entries for City of Warr Acres Sewer & Garbage bill:

City of Warr Acres Account Number

City of Warr Acres Account Name and Address

From my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name

Branch

Address

City/State

Zip

Routing Number

Account Number

Type of Account: Checking _____ Savings _____
(Automatic Withdrawal from ONE account only)

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

Print Individual Name

Signature

Social Security Number

Date

PLEASE ATTACH A VOIDED CHECK TO THIS FORM!

(Cannot be processed if voided check or withdrawal form is not attached)
Please fill out ALL information and attach a copy of a voided check. This is necessary to complete the transaction. Double check the information you have given, making sure all letters and numbers are legible.

**Please return to: City of Warr Acres
5930 NW 49
Warr Acres, OK 73122**

All information will be held in the strictest of confidence when it is received in the city clerk's office.