



*City of Baker*

"Great American Hometown"

CONSOLIDATED UTILITIES SYSTEM

## Bankdraft Program

### AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME \_\_\_\_\_ CUSTOMER'S ACCOUNT NO. \_\_\_\_\_

I (we) hereby authorize \_\_\_\_\_, hereinafter call COMPANY, initiate debit entries to my (our)  checking  savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account.

DEPOSITORY NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING/TRANSIT NO. \_\_\_\_\_ CHECKING/SAVINGS ACCOUNT NO. \_\_\_\_\_

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

NAME(S) \_\_\_\_\_ PHONE NO. \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

**A voided check from the account being used must be attached to this form.  
Keep a copy of this form for your record.**