

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENT

I, _____, Authorize the Village of Rossville to debit my account at

Financial Institution Name

Routing Number

Account # _____ Checking ____ Savings ____
(Select One)

for my utility bill every month.

Beginning date: _____

This agreement is to remain in full force and effect until the Village of Rossville has received notification from me of its termination at least 3 business days prior to the due date of the bill.

Signature _____

Date _____