

DIRECT WITHDRAWAL AUTHORIZATION

I, _____, authorize the City of Aberdeen and the financial institution below to automatically withdraw the amount of my Municipal Utility Bill from my account, this includes my authorization to reverse any entries made in error. This authority will remain in effect until I give written notice to the City Treasurer's Office. The withdrawal will take place on the 20th of the month.

Name of Financial Institution

Route Number

Account Number

Attach voided check below

Signature

Date

Phone Number

Water Billing Account #