



CITY OF BLOOMFIELD

PREAUTHORIZED PAYMENT (ACH DEBIT) AUTHORIZATION FORM

Complete and Return to CITY OF BLOOMFIELD

I hereby authorize the CITY OF BLOOMFIELD, hereinafter called COMPANY, to initiate DEBIT entries to the CHECKING or SAVINGS account indicated below and the depository named below, hereinafter called DEPOSITORY, to DEBIT the same to such account.

PLEASE BE INFORMED THAT THE BANK WILL RUN THROUGH ONE TEST CYCLE BEFORE ACTUALLY DRAFTING THE ACCOUNT. YOU MAY NEED TO PAY ONE MORE BILL VIA CHECK/CASH/MONEY ORDER.

I AM A SIGNOR ON THE ACCOUNT INDICATED BELOW.

| | | |
|---|-----------------------------|------|
| BEGIN DATE: | END DATE: - or - INDEFINITE | |
| ACCOUNT TYPE: | | |
| CHECKING ACCOUNT NO.: | SAVINGS ACCOUNT NO.: | |
| TRANSIT / ABA NO. ROUTING NO. (Found at the bottom left of your check or savings deposit slip.) | ROUTING NO. | |
| FINANCIAL INSTITUTION NAME: | | |
| FINANCIAL INSTITUTION ADDRESS: | | |
| CITY: | STATE: | ZIP: |
| This authority will remain in effect until CITY has received written notification from me of its termination in such time and in such manner as to afford CITY a reasonable opportunity to act on it. | | |
| NAME ON ACCOUNT: | | |
| SERVICE ADDRESS: | | |
| SIGNATURE: | | |
| DATE: | UTILITY ACCOUNT NO. | |
| <i>ATTACH VOIDED CHECK</i> | | |