



**CITY OF HORN LAKE UTILITY DEPARTMENT
AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS
TO BEGIN WITH APRIL 2008 WATER BILLS**

NAME: _____
(AS IT APPEARS ON FINANCIAL INSTITUTION RECORDS)

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

FINANCIAL
INSTITUTION: _____

BANK
ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ABA (routing) NUMBER: _____

CHECKING
ACCOUNT NUMBER: _____ (ATTACH A VOIDED CHECK)

I hereby authorize the Financial Institution named above to pay my monthly (fees, bill) by charging each payment to my account and to make that deduction payable to the order of City of Horn Lake. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, that both the Financial Institution and City of Horn Lake reserve the right to terminate this payment plan (or my participation therein).

SIGNATURE: _____ DATE: _____

Utility Office Received _____
Clerk _____

NOTE: Please return one completed copy of this authorization and a VOIDED check on your bank account to: City of Horn Lake Utility Office, 3101 Goodman Road West, Horn Lake, MS 38637. Keep a copy for your records.

Utility Office Received _____
Clerk _____