



DEBIT AUTHORIZATION FORM – CITY OF MADISON UTILITY PAYMENTS

City of Madison Account # _____

I(we) hereby authorize **City of Madison** to initiate entries for utility payments of varying monthly amounts to my checking/savings account at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until the City of Madison is notified by me (us) in writing to cancel it in such time as to afford the City of Madison and THE FINANCIAL INSTITUTION a reasonable opportunity to act upon the request.

(Utility Account Holder's Name – PLEASE PRINT)

(Utility Service Address, City, State & Zip)

_____ (Utility Account Holder's Phone Number) (Alternative Phone Number)

(Financial Institution's Name)

(Bank Account Holder's Name – If different from Customer Name – PLEASE PRINT)

_____ (Bank Account Holder's Signature) (Date)

Checking/Savings Account Number: _____

Financial Institution Routing Number: _____

(Attach a copy of a voided check below or a verification letter from your financial institution)

Large empty rectangular box for attaching a voided check or verification letter.