

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

Name _____ Customer Number _____

D.B.A. _____

Service Address _____

Mailing Address _____

City, State Zip _____

Home Telephone _____ Office Telephone _____

I hereby authorize the City of Panama City to initiate debit entries to my checking, savings, or Credit Card account.

Please attach voided check for Checking Account or letter from bank with ABA Routing Number for Savings Account.

_____ Credit Card _____ Checking Account _____ Savings Account

Checking or Savings Account please complete this box

Financial Institution: _____

Address _____

City, State & Zip _____

Checking or Savings Account Number _____

The transaction fee for credit cards is 3.25% of the utility bill.

Credit Card please complete this box

MC VISA AMEX _____ Exp. Date ____/____

This authority to remain in full force and effect until the City of Panama City has received written notification from our customer of its termination in such time and in such matter as to afford the City of Panama City and the Financial institution named above a reasonable opportunity to act on it.

Name _____ Date _____

(Please Print)

Signature(s) _____