

# CITY OF SEMINOLE

## AUTHORIZATION AGREEMENT FOR AUTOMATED BILL PAYMENT

YOUR NAME: \_\_\_\_\_

NAME ON ACCOUNT: \_\_\_\_\_  
(as it appears on your bill)

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CUSTOMER ACCOUNT NUMBER: \_\_\_\_\_  
(as shown on your bill)

FINANCIAL INSTITUTION: \_\_\_\_\_

CITY: \_\_\_\_\_

BANK PHONE NUMBER: \_\_\_\_\_

CHECKING ACCOUNT NUMBER: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

**IMPORTANT!!**  
**Please return a voided check with this form to ensure accurate processing.**

### *Terms and Conditions of Authorization*

I authorize the City of Seminole to charge my account monthly in the amount of my monthly bill and to make that deduction payable to the City of Seminole.

I have reviewed these Terms and Conditions of Authorization. Each payment shall be the same as if it were an instrument personally signed by me. This authority remains in effect until either revoked by myself, the City of Seminole or the financial institution. I also understand that in order to stop I also understand that in order to stop or change automated payment service, I must do so in person at the water office and I must do so on or before the 1st of the month.

Signature \_\_\_\_\_

Date \_\_\_\_\_