



## AUTHORIZATION FOR PRE-AUTHORIZED PAYMENTS

### (Auto Draft Utility Payments)

Name: \_\_\_\_\_ Utility Acct Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

I hereby authorize Town of Havana, hereinafter called **COMPANY**, to initiate debit entries to my checking \_\_\_\_\_/savings \_\_\_\_\_ account (select one) indicated below and the depository named below, hereinafter called **DEPOSITORY**, to debit the same to such account. Your payment will be debited on the 10<sup>th</sup> of each month.

#### **DEPOSITORY:**

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit/ABA #: \_\_\_\_\_ Account # \_\_\_\_\_

This authority is to remain in full force and effect until **COMPANY** has received written notification from me of its termination at such time and in such manner as to afford **COMPANY**, a reasonable opportunity to act on it.

Name(s): \_\_\_\_\_ Account Number: \_\_\_\_\_  
*PRINT*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***PLEASE ATTACH A VOIDED CHECK IF A CHECKING ACCOUNT IS SELECTED.***

***IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:  
TOWN HALL (850) 539-2820.***