



DEBIT AUTHORIZATION  
 CITY OF NIXA UTILITIES  
 PO BOX 395  
 NIXA, MO 65714  
 417-725-3229 PHONE  
 417-725-7132 FAX

I (we) hereby authorize the City of Nixa, hereinafter called the COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called the FINANCIAL INSTITUTION, to debit the same to such account.

This authorization is for the purpose of utilities and I understand that amounts may vary and authorize payments of amounts as indicated below. Any returned drafts will result in a \$25.00 fee.

\_\_\_\_\_  
 Financial Institution Name

\_\_\_\_\_  
 City/State

\_\_\_\_\_  
 Routing Number - 1<sup>st</sup> set of numbers

\_\_\_\_\_  
 Account Number - 2<sup>nd</sup> set of numbers

Type of Account     Checking     Savings

This authority is to remain in full force and effect until COMPANY has received **written notification** of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. A deposit will need to be held on account if auto-draft is cancelled.

\_\_\_\_\_  
 Name on utility account

\_\_\_\_\_  
 Social Security # of applicant

\_\_\_\_\_  
 Name of applicant

\_\_\_\_\_  
 Phone #

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of applicant

Address to which debit authorization should be applied:

\_\_\_\_\_

Utility Account # to be drafted \_\_\_\_\_

EFFECTIVE BILLING CYCLE \_\_\_\_\_

(To be effective for the current billing cycle, debit authorization must be received no later than 6 days before billing date.)

\*\*\*\*PLEASE ATTACH A VOIDED CHECK\*\*\*\*