



DEBIT AUTHORIZATION
 CITY OF NIXA
 PO BOX 395
 715 W MT VERNON
 NIXA, MO 65714
 417-725-3229 PHONE
 417-725-7132 FAX

I (we) herby 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:

Current Balance

 (Financial Institution Name)

 (Branch)

 (Address)

 (City/State/Zip)

 (Routing Number)

 (Account Number)

Type of Account ___ Checking ___ Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

 (Printed Individual Name)

 (Signature)

 (Social Security Number)

 (Date)

 (Printed Individual Name)

 (Signature)

 (Social Security Number)

 (Date)

Address to which debit authorization should be applied:

Effective Billing Cycle _____

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