



## AUTHORIZATION AGREEMENT FOR AUTOMATIC ACH DEBITS

City of Bartlesville  
401 S Johnstone Ave  
Bartlesville, OK 74003  
918-338-4224

I hereby authorize the City of Bartlesville to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my checking account indicated below and as designated on the corresponding checking advice, and the depository named below, here in after called DEPOSITORY, to debit and or credit the same to my account. I understand fees for returned items will be charges to my utility account.

This authority is to remain in full force and effect until the City of Bartlesville has received written notification from me of it's termination in such time and in such manner as to afford City of Bartlesville and depository a reasonable opportunity to act upon it.

Customer Name: \_\_\_\_\_

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

Utility Account: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

1. Attach a voided check to the bottom of this form.
2. Sign and date ACH authorization
3. Customer will receive monthly bill with the following message:  
**"BANK DRAFT DO NOT PAY"**