

Debit Authorization

I (We) hereby authorize City of Winfield hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for monthly garbage service. The amount will be determined by utility usage with the invoice being sent on the last day of the month. I (we) authorize the debiting of my (our) account on or after the 10th day of each month. If I (we) feel the bill is incorrect, I (we) will notify the COMPANY by the 7th day of the month. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

 (Financial Institution Name) (Branch)

 (Address) (City/State) (Zip)

 (Routing Number) (Account Number) Type of Acct: Checking Savings

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

 (Print Individual Name) (Signature)

9001-_____
 (Garbage Account Number) (Date)

Please attach a VOIDED CHECK to this authorization if a checking account will be debited.

JEFFREY MAPLE
 SUZANNE MAPLE
 123 Pear Lane
 Anyplace, VA 20000

PAY TO THE ORDER OF _____ \$ _____

ANYPLACE BANK
 Anyplace, VA 20000

Routing number: 50250025 Account number: 202020-86

1234

Do not include the check number.

⑆50250025⑆202020-86⑆1234

Note: The routing and account numbers may be in different places on your check.