

AUTHORIZATION AGREEMENT FOR
DIRECT PAYMENT

Utility Account Number _____

I (we) authorize the City of Summerville to initiate debit entries to my (our) ___
Checking Account/ ___ Savings Account (select one) for the purpose of paying
my (our) indebtedness to the City of Summerville. The depository financial
institution named below, hereafter called "Depository", is my legal financial
institution, and I (we) have the right to render permission for "draft" transactions
from said account. I (we) acknowledge that the origination of ACH transactions
to my (our) account must comply with the provisions of U.S. Law.

Depository
Name _____ Branch _____

Address: _____

City _____ State _____ Zip Code _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until the City of Summerville
has received written notification of its termination by the Depository account
owner or power of attorney thereof in such time and manner as to afford the City
of Summerville and Depository a reasonable opportunity to act on it.

Name: _____ SS# _____
PLEASE PRINT NAME HERE

Date _____ Signature _____

**VOIDED CHECK OR DEPOSIT TICKET MUST BE
ATTACHED TO THIS APPLICATION.**

**NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDED THAT THE
RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING
THE ORGINATOR IN THE MANNER SPECIFIED IN THE
AUTHORIZATION.**