

City of Millington

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

FINANCIAL
INSTITUTION NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA #: _____ CHECKING
ACCOUNT #: _____

I hereby authorize the Financial Institution named above to pay my monthly **City of Millington utility bill** by charging each payment to my account and to make that deduction payable to the order of **City of Millington Water Department**. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, that both the Financial Institution and the **City of Millington** reserve the right to terminate this payment plan (or my participation therein).

DATE: _____ SIGNATURE: _____

NOTE: Please return this authorization and a **VOIDED** check on your account to:

City of Millington
7930 Nelson Road
Millington, TN 38053
ATTN: Robbie Taylor

| FOR OFFICE USE ONLY | |
|---------------------|--|
| Date Received | |
| Account Number | |
| Date Entered | |
| Entered By | |