

CITY OF NEWTON

**CREDIT/DEBIT AUTHORIZATION FORM**

I (we) hereby authorize the City of Newton to initiate a charge entry for payment of utility service as billed, to my (our) checking account at the Financial Institution indicated below, and initiate adjustments (if necessary) for any transactions credited in error. The transaction will occur on the 10<sup>th</sup> of each month, or the day prior when the weekend or holiday conflicts.

This authority will remain in effect until the City of Newton is notified by me (us) **in writing** to cancel it in such time as to afford the City of Newton and Financial Institution a reasonable opportunity to act on it.

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Location (City, State)

Financial Institution's Routing Transit Number \_\_\_\_ \_

Checking Account Number \_\_\_\_\_

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account Holder Name (Print)

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account Holder Name (Print)

**PLEASE ATTACH A VOIDED CHECKING ACCOUNT DEPOSIT SLIP**