



**Debit Authorization**

I (we) hereby authorize City of Maize, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION for payment. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

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**Financial Institution Name - Address - City - State - Zip**

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**Routing Number**

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**Account Number**

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**Name on Checking/Savings Account**

**Type of Account: 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.**

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**Water/Sewer Account Number**

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**Name on Water/Sewer Account**

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**Signature**

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**Date**