AUTHORIZATION FOR AUTOMATIC PAYMENT

I _____ authorize the City of Fulda to take an automatic payment from my account (listed below) monthly to cover the cost of the bill generated by the utilities charged by the City of Fulda. Payment will be deducted between the 7th and 10th of each month.

BANK NAME: _____

BANK ROUTING #:_____

CHECKING ACCOUNT #:_____

SAVINGS ACCOUNT #:_____

NAME (print): _____

Address: _____

Signature: _____ Date: _____