



Authorization Agreement for Preauthorized Payments

City of Carthage
Company ID# 91111111

I (we) hereby authorize the City of Carthage to initiate debit payments from my (our)

- Checking account
- savings account

Bank Name _____

City _____ State _____ Zip _____

Transit Number _____ Bank Account # _____

Customer Name _____
(Please print)

Driver's License # _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Date _____ Signature _____

This authorization is to remain in effect until we have received written notification from customer to terminate this bank draft.

Include a voided check with this form