

CITY OF CREIGHTON
P.O. Box 188
Creighton, NE 68729

AUTHORIZATION AGREEMENT
DIRECT PAYMENTS

I (we) hereby authorize City of Creighton to debit entries to my (our) account indicated below for direct payment of the water/sewer bill on or before the due date.

_____ (Financial Institution Name) _____ (Address)

_____ (Routing Number) _____ (Account Number) Type of Acct: _____ Checking _____ Savings

This authorization is to remain in full force and effect until City of Creighton has received written notification from me (or either of us) of its termination in such time and manner as to afford the City and Financial Institution a reasonable opportunity to act on it.

_____ (Print Individual Name)

_____ Signature and Date

Account Number: _____
Address: _____

The payment will be taken out of your account on approximately the 15th of the month the bill comes out.