

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

Name _____ Account # _____

D.B.A _____

Service Address _____

Mailing Address _____

City, State, Zip _____

Home Telephone _____ Office Telephone _____

I hereby authorize the City of Panama City to initiate debit entries to my checking, or savings account. Please attach voided check for Checking Account or letter from bank with ABA Routing Number for Savings Account.

_____ Checking Account _____ Savings Account

Checking or Savings Account please complete this box

Financial Institution: _____

Address: _____

City , State & Zip: _____

Checking or Savings Account Number: _____

This Authority to remain in full force and effect until the City of Panama City has received written notification from our customer of its termination in such time and in such manner as to afford the City of Panama City and the Financial institution named above a reasonable opportunity to act on it.

Name: _____ Date: _____
(Please Print)

Signature(s) _____

OFFICE USE ONLY

Transit/ABA No. _____ Bank Account Number: _____

Date Approved _____