



Debit Authorization

I/we hereby authorize the City of Oxford to initiate debit entries to my/our account indicated below for my/our monthly utility bill. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Address)

(City/State)

(Zip)

(Routing Number)

(Account Number)

Type of Acct: ___ Checking ___ Savings

I/we authorize the City of Oxford to debit the above account every month starting on _____. (Payment will be taken out of account on the 20th of each month.) This authority is to remain in full force and effect until the City of Oxford has received written notification from me/us of its termination in such time and manner as to afford the City of Oxford a reasonable opportunity to act on it.

(Print Individual Name)

(Signature)

(Co-Applicant Print Name)

(Co-Applicant Signature)

(Date)

PLEASE ATTACH A COPY OF VOIDED CHECK TO THIS FORM