

CITY OF NORWAY

AUTHORIZATION FOR DIRECT PAYMENT

I authorize the City of Norway and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment on any entry by notifying my financial institution 3 (three) days before my account is charged.

Signature of Applicant:
Today's Date:
Name (please print):
Address (please print):
Phone:

Utility Account #:	
Utility Account #:	
Requested date of electronic withdrawals (circle one) 13th 18th 23rd	
Tax Account #:	Date to pay:
Tax Account #:	Date to pay:

Name of Financial Institution:		
Branch:		
City:		
State:		
Zip Code:		
Account #:		
Circle type of Account:	Checking	Savings
Financial Institution Routing Number:		

Include a copy of your check with void written across it