

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT

Name _____

Address _____

ID Number _____ (City Utility Account NO)

I (we) hereby authorize the City of Burlington, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit it to such account.

DEPOSITORY NAME (Your bank)

Branch _____

Transit/ABA NO. _____

Account NO. _____

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

NAME (S) _____

DATE _____ ID NO. _____

SIGNED _____