

AUTHORIZATION AGREEMENT FOR AUTOMATIC BILL PAYMENT

Company Name: <u>CITY OF UMATILLA</u> Company ID Number <u>9001006501</u>

to my (our)Checking	OF UMATILLA, hereinafter called <u>C</u> g, (Includes NOW or Sharedraft ository named below, hereinafter bill.	t) or, Savings accoun	
DEPOSITORY (BANK) NAME:			
City	STATE:	ZIP:	
TRANSIT/ABA NO:	ACCOUNT I	ACCOUNT NO:	
received written notification fr	n full force and effect until CC om me (or either of us) of its terr reasonable opportunity to act or	mination in such time as to allow	
NAME(S)	WATER AC	CCT. #	
Please	Print		
Date:			
Signature:			
Signature:			

Please submit a voided check with this form