

DEBIT AUTHORIZATION FORM

I (We) hereby authorize the City of Hampton, hereinafter called City, to initiate debit entries to my (our) account indicated below and the financial institution named below.

This authorization is for the purpose of paying my (our) utility account and I (We) understand that the amounts may vary.

Financial Institution Name

Branch

Address

City/State

Zip Code

Routing Number

Account Number

_____**Checking** _____**Savings**
(Type of Account)

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

Printed Name

Authorized Signature

Individual ID Number

Date

Please provide an actual voided check from your checking account or a copy of a check or bank documentation of savings account from which payments will be drawn attached to this space on this form. A deposit slip is not sufficient information as most do not contain all the required routing numbers.