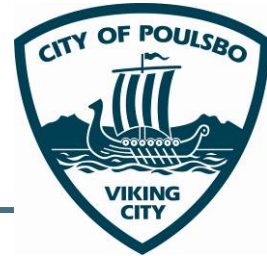


City of Poulsbo

Authorization Agreement for Automatic Utility Billing Payment

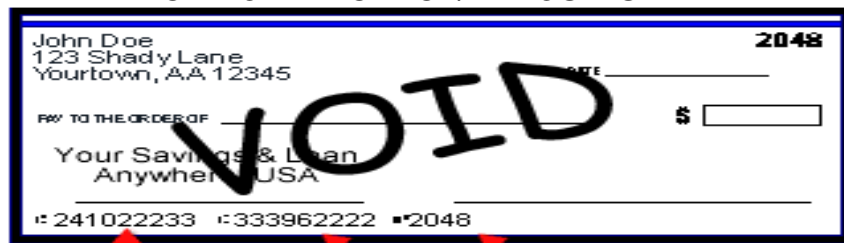


City of Poulsbo Utility Account Number: _____

Property Address: _____

Customer Name: _____ Phone Number: _____

ATTACH VOIDED CHECK/DEPOSIT SLIP HERE



Routing Number
241022233
(9 digits: begins
w/ 01-12 or 21-32)

**Account
Number**
333962222

**Check
Number**
2048

Your Bank Name: _____ Branch: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Bank Routing Number (9 digits): _____

Your Bank Account Number: _____

I/we the undersigned hereby authorize City of Poulsbo, hereinafter called COMPANY, to initiate debits to my/our bank account indicated above and the depository named above, hereinafter called DEPOSITORY, to debit the same to such account. The authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (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. I/we understand that this agreement will be cancelled upon notification from the DEPOSITORY for non-sufficient funds or closed account and a \$25.00 fee will be added to my/our account.

Name as it appears on your Bank Account: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

CITY USE ONLY

Date Received: _____

Pre-Note Completed: _____

Date Begin: _____

Date Removed: _____