



Utility Direct Withdraw Agreement Form

Authorization Agreement

I _____ hereby authorize City of Abbotsford to initiate automatic withdraws to my account at the financial institution named below. I also authorize City of Abbotsford to make credits from this account in the event that a debit entry is made in error.

Further, I agree not to hold City of Abbotsford responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in with drawing funds from my account.

This agreement will remain in effect until City of Abbotsford receives a written notice of cancellation from me or my financial institution, or until I submit a new direct with draw form to the City.

Account Information

Name of Financial Institution: _____

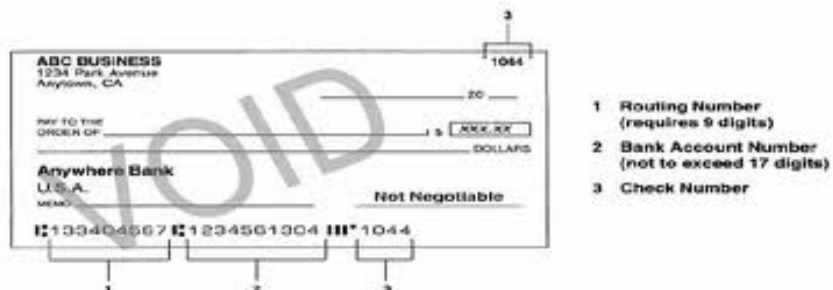
Routing Number: _____

Account Number: _____ Checking | Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____



Please attach a voided check(s) or deposit slip(s) and return this form to the Payroll Department.