

AUTHORIZATION FOR DIRECT BILL PAYMENT

I HEREBY AUTHORIZE THE NORTHEAST OKLAHOMA PUBLIC FACILITIES AUTHORITY (NOPFA), HEREINAFTER CALLED THE AUTHORITY, TO INITIATE DEBIT ENTRIES TO MY ACCOUNT INDICATED BELOW FOR PAYMENTS OWING TO THE AUTHORITY, AND FURTHER AUTHORIZE THE DEPOSITORY FINANCIAL INSTITUTION NAMED BELOW, HEREINAFTER CALLED DEPOSITORY, TO DEBIT SAME TO SUCH ACCOUNT.

NOPFA CUSTOMER NAME (Name on Account)

NOPFA CUSTOMER NUMBER (Account #)

PHYSICAL ADDRESS (Location of property – not mailing)

NOPFA CUSTOMER / REPRESENTATIVE SIGNATURE

NOPFA CUSTOMER / REPRESENTATIVE PRINTED NAME

NOPFA CUSTOMER PHONE NUMBER

DATE OF AUTHORIZATION

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE AUTHORITY OR DEPOSITORY HAS RECEIVED WRITTEN NOTIFICATION FROM THE ACCOUNT HOLDER OF ITS TERMINATION, IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE AUTHORITY AND DEPOSITORY A REASONABLE TIME TO ACT ON IT. I RECOGNIZE THAT I MUST NOTIFY THE AUTHORITY OF ANY CHANGE IN BANKS OR ACCOUNTS TO INSURE PROPER AND TIMELY TRANSACTION TO MY ACCOUNT.

BANK ROUTING NUMBER

BANK ACCOUNT NUMBER

NAME OF BANK

BANK PHONE NUMBER

WE RECOMMEND THAT YOU ATTACH A VOIDED COPY OF YOUR PERSONAL CHECK TO THIS AUTHORIZED FORM, SINCE YOUR CHECK WILL IDENTIFY THE ROUTING, TRANSIT NUMBER AND NORMALLY THE ACCOUNT NUMBER.

PLACE VOIDED CHECK HERE

