

Town of Florence
Public Works Department
P.O. Box 187 • Florence, MS 39073
601-845-3542

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

NAME: _____ PHONE: _____
(As it appears on financial institution records)

ADDRESS: _____ CITY: _____ ZIP: _____

FINANCIAL
INSTITUTION: _____

CITY: _____ STATE: _____

CHECKING
ACCOUNT NO.: _____ (Please attach a VOIDED check.)

I hereby authorize the Financial Institution named above to pay my monthly (dues, obligation) by charging each payment to my account and to make that deduction payable to the order of Town of Florence Public Works Department. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, that both the Financial Institution and Town of Florence Public Works Department reserve the right to terminate this payment plan (or my participation therein).

DATE: _____ SIGNATURE: _____

NOTE: Please return one completed copy of this authorization and a VOIDED check on your account to: Town of Florence Public Works Department • P.O. Box 187 • Florence, MS 39073 • (601) 845-3542. The other copy is for your records.