

**City of Florence  
Public Works Department  
PO Box 187 Florence MS 39073  
601-845-3542**

**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
(As it appears on financial institution records)

**CUSTOMER PUBLIC WORKS ACCOUNT NUMBER(S):** \_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**FINANCIAL INSTITUTION NAME:** \_\_\_\_\_

**CHECKING ACCOUNT NUMBER:** \_\_\_\_\_

**ROUTING NUMBER:** \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK OR PAPERWORK FROM FINANCIAL INSTITUTION VERIFYING ACCOUNT NUMBER AND ROUTING NUMBER.**

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 City 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 City of Florence Public Works Department reserve the right to terminate this payment plan (or my participation therein). Payments returned to the City of Florence for insufficient funds or closed account will be subject to the current returned check fee set by the City of Florence.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_