

# City of Andover

## Debit Authorization

I (we) hereby authorize the CITY OF ANDOVER, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for water, sewer, and trash bill. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

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Financial Institution Name

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Address

City/State

Zip code

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Routing Number

Account Number

Type of account (check which is to be used)  Checking  Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

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Print Individual Name

Signature

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FOR CITY USE ONLY  
(individual ID #)

Date

**PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM – THANK YOU!**