Utility Bill Acct. No.		
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Conditions; and that you authorize (unless and until your account is un-enrolle	4)
such debits to your account.	
BANK NAME	

BRANCH		
CITY	STATE	ZIP
BANK ROUTING NO		
BANK ACCOUNT NO		
PLEASE CIRCLE ACCOUNT TYPE:	CHECKING	SAVINGS
This authority is to remain in full force received written notification from me manner as to afford the City of Lincolr act on it.	of its termination in s	uch time and in such
Signature	Date	
Printed Name		
Email Address *A confirmation email will be deliver	ad by Data.	
A CUITITIATION EMAIL WILLDE DETIVED	SO DA DSIE.	

You may email the completed form to lincolncityclerk@gmail.com, or Fax the completed form to 660-547-3964 or mail the completed form to: PO Box 17, Lincoln, MO 65338.