

AUTHORIZATION FOR DIRECT BILL PAYMENT

I, hereby authorize the Tahlequah Public Works Authority hereinafter called THE AUTHORITY, to initiate debit entries to my account indicated below for payments owing to THE AUTHORITY, and further authorized the Depository Financial Institution named below, hereinafter called DEPOSITORY, to debit same to such account.

Depository Name (Your Bank)

*Depository Routing & Transit No.

Depository Address

*Customer Depository Account No.

Depository City, State and Zip Code

This authorization is to remain in full force and effect until THE AUTHORITY or DEPOSITORY has received written notification from me 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.

Customer Name (Please Print)

Customer TPWA Account No.

Customer Signature and Date

* 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 your account number.