



CITY OF HENDERSON

AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENT

Customer Account #: _____

Customer Name: _____

Address: _____

Telephone Number: _____

I hereby authorize the City of Henderson to initiate charges to my checking account in the exact amount of my monthly utility bill and the depository name below is authorized to debit that account.

Depository Name: _____

City: _____ State: _____ Zip Code: _____

Bank Transit/ABA: _____ Account Number: _____

This authority is to remain in effect until the depository has received written notice of termination and has been provided a reasonable opportunity to take action. The depository customer has the right to stop payment of debit entry by notifying the depository prior to charging the account. If the organization initiates an incorrect debit entry to the customer's account, the customer shall have the right to ask the depository to credit the amount from that entry to the account. To obtain proper credit to the account the customer shall have fulfilled the following conditions: Notify the deposit in writing of the incorrect entry within fifteen (15) calendar days following the date the customer received the statement of account or written notification of that entry or sixty (60) calendar days after posting, whichever comes first.

Printed Name: _____ Social Security No: _____

Signature: _____ Date: _____

The City of Henderson must have at least thirty (30) days prior notice in order to cancel this prearranged payment (draft) of your City utility bill.

Date Received: _____

Customer Service Rep: _____

Cycle#: _____