



City of
CARLTON
Gateway to Jay Cooke State Park

AUTOMATIC DEBIT AUTHORIZATION WATER AND SEWER UTILITY BILLING

I hereby authorize the City of Carlton and the financial institution listed below to initiate electronic debit entries, and if necessary, credit entries and adjustments for any debit entries which were incompletely processed by the City of Carlton to the following type of account (please check one):

Checking Account _____

Savings account _____

Name of Financial Institution _____

Routing Number _____

Account Number _____

Debits will be made to the account on the 15th of each month. Should the date fall on a weekend or on a Federal Holiday the withdrawal will occur on the next business day.

I (we) understand that the City of Carlton must have at least 30 days written notice of the date I (we) would like to cancel this service. If joint account both individuals must sign.

Name: _____
(Please Print)

Name: _____
(Please Print)

Signature: _____ Date _____

Signature: _____ Date _____

Please attach a voided check.

