



Finance Department
 76 Erie Street Bisbee, AZ 85603
 FAX (520) 432-6069 Phone (520) 432-6005
 eromero@bisbeeaz.gov

Authorization Agreement For Direct Debits

I hereby authorize the CITY OF BISBEE to initiate DEBIT entries and/or corrections to my (our) _____ Checking _____ Savings account (select one) indicated below, at the bank named below. The amount due to the City of Bisbee will be drawn on approximately the 23rd day of each month. I (We) understand that if this account does not have sufficient funds to pay the normal amount due, normal NSF fees will be charged.

| | |
|---------------------------|---------------------|
| _____ | |
| Bank Name | Branch Name |
| _____ | |
| City | State |
| _____ | |
| Bank Transit / ABA Number | Bank Account Number |

This authorization is to remain in full force until the City of Bisbee has received written notification from me of its termination, in such manner as to afford the City of Bisbee and the bank reasonable timeframe in which to take action.

| | |
|----------------------|---------------------|
| _____ | |
| Signature | Date |
| _____ | |
| Printed name | City Account Number |
| _____ | |
| Daytime phone number | Property Address |

****PLEASE ATTACH A VOIDED CHECK FOR THIS ACCOUNT****