

## AUTHORIZATION FOR AUTO DEBIT

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

SERVICE ACCOUNT # \_\_\_\_\_

BANK NAME \_\_\_\_\_

BANK ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TYPE OF ACCOUNT \_\_\_\_\_ Checking \_\_\_\_\_ Savings

ACCOUNT # \_\_\_\_\_

ROUTING # \_\_\_\_\_

I hereby authorize the City of Trenton to withdraw my monthly water/sewer/refuse charges from my checking or savings account as indicated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date