

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

| Please check one: | ☐ New EFT Participant | ☐ Current participant with changes |
|---|--|---|
| | form must be paid from | ACCOUNT INFORMATION the same bank account. If you would like alternate utility ease complete a separate EFT form for each account. |
| Utility Account #1 | Address of Service Name on Account Account Number Daytime Telephone Nu Email | mber |
| Utility Account #2 | Address of Service Name on Account Account Number Daytime Telephone Nu Email | mber |
| | FINANCIAL INSTITU | TION ACCOUNT INFORMATION |
| Owner of Account at | Financial Institution: | |
| | | Branch: |
| | Phone Number: | |
| | | Account Number: |
| Please check one: | ☐ Checking Account ☐ | Savings Account |
| | <u>AUTHORI</u> | ZATION AGREEMENT |
| Financial Institution in institution named abo monthly bill for the base Financial Institution has and in such a manner at o act on it. The City of | dicated above for payment over to debit such account. In alance amount. This authorizes received written notifications to afford the City of Osa | Vater and/or Sewer utility to initiate withdrawals from my of my monthly utility bill. I further authorize the bank or financial understand the debit will be made on the due date of each ration is to remain effective until the City of Osage Beach or the on from me of its termination. Notice should be received in time ge Beach or the Financial Institution a reasonable opportunity right to void this agreement at any time without prior notice. ny returned items. |
| Signature of Bank Account Owner: | | Date: |
| Address: | | |
| | | Evening: |