



City of Bellevue
115 E Pine Street
PO Box 825
Bellevue, ID 83313
208-788-2128 Fax 208-788-2092
www.bellevueidaho.us

Authorization Agreement for Automated Payments

I/we hereby authorize the City of Bellevue ["COMPANY"] to initiate debit entries to my/our account indicated below, and the financial institution named below ["BANK"], to debit same to such account. Payments can be withdrawn on either the 5th or the 20th. Please check the appropriate date below.

Type of Account Checking Savings (Select one)

Account # _____ Routing #: _____

Names (s) on account: _____

Bank Name: _____

Bank Address: _____

Bank City, State, Zip: _____

Date: 5th 20th

(Payment cannot be withdrawn without a date selected)

This authority is to remain in full force and effect until COMPANY and BANK have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Printed Name: _____

Identification #: _____

Signature: _____

Date of Signature: _____