



# City of Norton Utility Bill Direct Draft Authorization Form

I hereby authorize the City of Norton to initiate a **DEBIT** entry to my checking/savings account at the *Financial Institution* indicated below. I acknowledge that authorization is given for the purpose of the monthly payment of the Utility Bill Account indentified below. Authorization is furthermore given to initiate adjustments (if necessary) for any transactions credited/debited in error. This authority will remain in effect until The City of Norton is notified by me in writing to cancel it in such time as to afford The City of Norton and Financial Institution a reasonable opportunity to act on it.

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Location (City, State)

Financial Institutions' Routing Transit Number: \_\_\_\_\_  
(Will be 9-Digit number prior to or after your account Number)

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone #

\_\_\_\_\_  
Customer Name (Please Print)

\_\_\_\_\_  
Utility Bill Account #

Checking Account # \_\_\_\_\_

OR

Savings Account # \_\_\_\_\_

Please Attach a Copy of a Voided Check Here