



Finance Department  
76 Erie St., Bisbee, AZ 85603  
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## 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 23<sup>rd</sup> 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

\_\_\_\_\_

Daytime phone number

\_\_\_\_\_

Email Address

\_\_\_\_\_

City Account Number

\_\_\_\_\_

Property Address

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