

**CITY OF FRANKLIN
AUTHORIZATION FOR DIRECT DEPOSIT**

I hereby authorize the City of Franklin to initiate entries to my checking/savings account for the purpose of making my utility payments owed to the city. The payments will be made on the 20th day of each month (or the next available business day). I will have funds available for this transaction and understand there may be a fee for payments returned NSF. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the city a reasonable opportunity to act on it.

(NAME OF FINANCIAL INSTITUTION)

(CITY)

(STATE)

(ZIP CODE)

Account No. _____ Checking _____ or Savings _____

Financial Institution Routing Number _____
(Between these symbols : : on the bottom left of your check)

BANK ACCOUNT NAME – PLEASE PRINT

Utility Account

Effective Date

(SIGNATURE)

(DATE)

ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE