AUTHORIZATION AGREEMENT

For Electronic Funds Transfer (Debits)



CITY OF NICEVILLE 208 N. PARTIN DR. NICEVILLE, FL 32578

OFFICE USE ONLY	
RECEIVED BY:	

NAME (and all)						
SERVICE ADDRESS	eb vilao em city	of Niceville, as my ago	STATE			
ACCOUNT NO. AS SHOWN ON UTILITY BILL	DESCRIPTION OF D					
NAME OF BANK			Ilid off to huoms a	regarding to		
BANK TRANSIT/ABA NO. AND BANK ACCOU		impose a processing	iand the City may	arebnu I		
NAME AS SHOWN ON BANK ACCOUNT	☐ CHECKING NOTE: BE SURE TO ATTACH A VOIDED CHECK. ☐ SAVINGS					
SIGNATURE		SIGNATURE (JOINT ACCOUNT)				
DATE PHONE (8am-5pm)	DATE	PHONE	(8am-5pm)		