

**CITY OF PERRY
DIRECT DEBIT AUTHORIZATION FORM**

City of Perry Account Number _____

Name _____

Physical Address _____

Mailing Address _____

Contact Number

Cell () _____

Home () _____

Work () _____

Financial Institution _____

Routing Number _____

Account Number _____

_____ Checking _____ Savings

NOTE: A VOID check must be included with authorization.

I hereby authorize the City of Perry to automatically debit my bank account for the payment of my monthly utility bill/GEFA loan. This authorization will remain in effect until I notify the City in writing that I wish to terminate this direct debit.

I understand the City of Perry will continue to send me a monthly utility bill before my bank account is charged and that I will have the right to stop the direct debit by notifying the City of Perry at any time up to three banking days before the scheduled date of the debit. I further understand that the City of Perry may impose a processing fee in the event that a debit is not paid by my financial institution. For example, the City of Perry may charge a fee if any account contains insufficient funds to cover a prearranged debit. Furthermore, I understand that a late fee will be added to my account if not paid by the due date.

Signature: _____

Date: _____