



**Authorization Agreement
For Automated Payments (Debits)**

I authorize the Town of Eagle to institute debit entries to my (select one):

Checking **Savings** indicated below and the depository named below to debit same account.

For processing purposes upon receiving this form your auto pay may not be effective for up to 30 days.

This authority is to remain in full force and effective until the Town of Eagle and depository has received written confirmation from me (us) of its termination in such time and in such manner as to afford the Town of Eagle and depository a reasonable opportunity to act on it.

Name (s) _____

Street Address: _____

Mailing Address: _____

Phone Number: _____

Town of Eagle Utility Account Number: _____

Signed: _____ Date: _____

Office Use Only

Effective Date: _____

Processed in Office: _____ Date: _____

