

**CITY OF WAYLAND  
WATER/SEWER DEPARTMENT**

**AUTHORIZATION AGREEMENT FOR AUTOMATED DEBIT ENTRIES**

I hereby authorize the City of Wayland to initiate debit entries to my [ ]  
Checking [ ] Savings account (select one) at the financial institution  
named below, to debit/credit same to such account.

FINANCIAL INSTITUTION NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_

WATER/SEWER ACCOUNT NO. \_\_\_\_\_

This recurring/non-recurring transaction is to begin on \_\_\_\_\_  
(date) and occur \_\_\_\_\_ (frequency) thereafter in the amount of  
\$\_\_\_\_\_.

I further authorize the City of Wayland to debit/credit my (checking,  
savings, etc.) account number \_\_\_\_\_ at my financial  
institution at the same frequency and dollar amount.

This authority is to remain in full force and effect until the City of Wayland  
has received written notification from me of its termination in such time  
and in such manner as to afford the City a reasonable opportunity to act  
on it.

NAME \_\_\_\_\_

DATE \_\_\_\_\_

SIGNED \_\_\_\_\_