



Authorization Agreement

I hereby authorize the **City of Bowling Green** to initiate automatic withdrawals from my account at the financial institution named below.

I agree not to hold the **City of Bowling Green** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in withdrawing funds from my account.

This agreement will remain in effect until the **City of Bowling Green** receives a written notice of cancellation from me or my financial institution, or until I submit a new auto pay form to the Collections Department.

Account Information

Name of Account Holder: _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ []Checking []Savings

Authorized Signature of Account Holder: _____

**Please attach a voided check and return this form to City Hall.
The date for withdrawal is: The 10th of each month.**

City of Bowling Green Account # _____