

# **City of Mapleton**

## **Authorization of Automatic Payment**

**I authorize The City of Mapleton and the bank named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify The City of Mapleton in writing to cancel this option and The City of Mapleton has confirmed to me that it has been terminated.**

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**(Customer Name)**

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**(Telephone Number)**

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**(Address)**

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**(Name of Financial Institution)**

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**(Address of Financial Institution)**

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**(Checking Account Number)**

**OR**

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**(Savings Account Number)**

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**(Signature)**

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**(Date)**