

Pre-Authorized Payment Agreement

Customer Name _____

Service Address _____

Telephone Number : home _____ cell _____

Utility Account Number _____

I (we) hereby authorize The City of Bad Axe,
hereinafter called "the Company" to initiate debit entries to my (our) Checking /
Savings account, indicated below.

Financial Institution (receiving the debit)

Name _____

City _____ State _____ Zip _____

Routing (ABA) Number _____

Account Number _____

Please include a voided check with this form.

IF FUNDS ARE NOT AVAILABLE FOR YOUR TRANSACTION, A CHARGE
OF \$25.00 WILL APPLY.

This authority is to remain in effect until "the Company" and the Financial
Institution have received written notification from me (us) to terminate the
automatic debit, and allowed a reasonable opportunity to act upon the request to
terminate.

Name _____

Signature _____ Date _____

Name _____

Signature _____ Date _____

Date _____

Company Representative

**Cancellation of this agreement must be made prior to the 1st
of the month.**