

STATE CENTRAL BANK

**AUTHORIZATION AGREEMENT
FOR PREAUTHORIZED PAYMENTS**

CITY OF FARMINGTON FINANCIAL INFORMATION:

NAME: CITY OF FARMINGTON

ACCOUNT NO: 8007114

TYPE: Checking

AMOUNT: Will vary

TRANSFER DATE: 8th of each month

Please send bill by mail

Please send bill by email

Email address: _____

CUSTOMER FINANCIAL INSTITUTION INFORMATION:

Name(s) on Account: _____

Institution Name: _____

Routing Number: _____

Debit Account

Account Number: _____

Type: Checking Savings

This authorization is to remain in full force and effect until the City of Farmington and State Central Bank receives written notification of its termination in such time and in such manner as to afford the City of Farmington and State Central Bank a reasonable opportunity to act on it.

Signature _____

Date _____

Signature _____

Date _____