CITY OF COLD SPRING
AUTOMATIC WITHDRAWAL AUTHORIZATION FORM

Name: _____

Address: _____

Phone: _____

FINANCIAL INSTITUTION INFORMATION

Name of Bank:_____

Bank Address:_____

Bank Phone: _____

Type of Account:_____Checking or _____Savings

Account Number:_____

Routing Number (9 digits):_____

Start Date (Please Circle): January 31 March 31 May 31

July 31 September 30 November 30

I hereby authorize and request the City of Cold Spring to initiate withdrawals to my checking/savings account. It is understood that this authority will remain in effect until written notification is sent to the City of Cold Spring to terminate this agreement. Notification of termination must be received by the first day of the month in which the utility bill is sent out.

Signature:_____ Date:_____

PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP.