



City of Bellevue  
115 E Pine Street  
PO Box 825  
Bellevue, ID 83313  
208-788-2128 Fax 208-788-2092  
[www.bellevueidaho.us](http://www.bellevueidaho.us)

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### **Authorization Agreement for Automated Payments**

I/we hereby authorize the City of Bellevue [“COMPANY”] to initiate debit entries to my/our account indicated below, and the financial institution named below [“BANK”], to debit same to such account. Payments can be withdrawn on the 10<sup>th</sup> of each month. Please check the appropriate date below.

Type of Account       Checking     Savings (Select one)

Account # \_\_\_\_\_ Routing #: \_\_\_\_\_

Names (s) on account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank City, State, Zip: \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY and BANK have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Printed Name: \_\_\_\_\_

Identification #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Please bring this completed form and provide identification to Bellevue City Hall at 115 E Pine Street, Bellevue. Thank you!