CITY ACCOUNT #		
DEBIT AUTHORIZATION		
I (we) have provided our financial HARRAH PUBLIC WORKS AUTH debit entries for UTILITY BIL month, to my (our) account indicate below, hereinafter called FINANC account. I (we) acknowledge that account must comply with the pro-	HORITY, hereinafter called HPWA L_on but not prior to the 10 th o ated below and the financial institution. IAL INSTITUTION, to credit the s to the origination of ACH transaction	A, to initiate f every ution named ame to such
(Financial Institution Name)	(Branch)	
(Address)	(City/State)	(Zip)
(Phone Number)	Type of Account: Chec	king
(Routing Number)	(Account Number)	
This authority is to remain in full for notification from me (or either of uto afford HPWA and FINANCIAL on it.	us) of its termination in such time	and manner as
(Print Individual Name)	(Signature)	
(Print Individual SS# Number)	(Date)	
	edging that you have provided a itution information for the acco	
Received by Harrah Public Works Authority Representative:		
By Whom:	Date:	