CITY OF LISBON
NORTH DAKOTA

Direct Debit Authorization

I authorize you to automatically debit my checking/savings account as designated below. This authority will remain in effect until I give written notification to cancel it.

___Checking Account   #_____   Amount: Varies

          OR

___Savings Account   #_____   Start Date:_____

_____   _____
Financial Institution   Customer Name (Please Print)

_____   _____
Financial Institution City   Customer Signature

_____   _____
Routing/Transit Number   Date

_____   _____
Property Address   City of Lisbon Account #

_____
Email Address

Would you like your bill Emailed? _____

Please attach a voided check with this form