

**CITY OF CARLISLE**  
**AUTHORIZATION AGREEMENT FOR**  
**UTILITY BILL DEDUCTIONS**

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CUSTOMER NAME

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CUSTOMER ADDRESS

CITY

ZIP

I hereby authorize the City of Carlisle to initiate debit entries and, if necessary, credit entries and adjustment entries for any debit entries in error to my (our) (  ) checking (  ) savings account (check one) indicated below and the depository named below to debit and/or credit the same to such account.

Also, I agree that I remain obligated to pay for utility services in the event that a charge to my account is dishonored, for whatever reason, and the City of Carlisle retains its normal collection rights.

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DEPOSITORY NAME

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DEPOSITORY TRANSIT/ABA NUMBER

ACCOUNT NUMBER

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ACCOUNT NUMBER/CITY

PHONE NUMBER

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SIGNATURE

DATE