

**AUTHORIZATION FOR AUTOMATIC PAYMENTS**

I authorize the **City of Groton** and the bank named below to initiate variable entries to my checking/savings account. This authority will remain in effect until I notify you or the bank in writing to cancel it in such time as to allow the bank a reasonable opportunity to act on it. I can stop payment of any entry by notifying you or my bank 3 days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my bank statement or 40 days after posting, whichever occurs first.

\_\_\_\_\_  
(NAME OF FINANCIAL INSTITUTION)

\_\_\_\_\_  
(ADDRESS OF FINANCIAL INSTITUTION) (STREET) (CITY) (STATE) (ZIP CODE)

\_\_\_\_\_  
(SIGNATURE) (DATE)

\_\_\_\_\_  
(NAME- PLEASE PRINT)

\_\_\_\_\_  
(ADDRESS- PLEASE PRINT)

Checking Account No. \_\_\_\_\_ (OR) Savings Account No. \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

For Accuracy Please Attach A Voided Check

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