

CITY OF DRYDEN

WATERWORKS

PHONE: 807-223-1111 FAX: 807-223-7149

Authorization for Personally Approved Payment

Account Number	
First Name	
Surname/Company Name	
Address	
City	Province
Postal Code	

Name of Bank

I hereby authorize the City of Dryden to draw from the bank described above, payment of my/our Dryden Waterworks account. Your treatment of each withdrawal shall be the same as if I/we had personally issued a cheque to pay as indicated and to debit the amount specified to my/our account. I/we may cancel this authorization at any time upon written notice. Delivery of this signed authorization to you by any method constitutes delivery by me/us.

Signature (as you sign your cheques)

Date

For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.

PLEASE ATTACH A VOID CHEQUE