

Direct Debit Authorization

Company Name: City of Oakland – Water Department

Name: _____

Address: _____

City/State/ZIP _____

Telephone #: _____

I, the above named; hereby authorize the above company to make debit payments directly from my account at said financial institution listed below.

Financial Institution: _____

Address: _____

City/State/ZIP: _____

Frequency: One Time Monthly (4th of the month or the Monday following the 4th)

Account #: _____

Account Type: Checking Savings

Routing #: _____

****Please attach a voided check****

Signature

Date