

BANK DRAFT AUTHORIZATION

Date: _____

Service Address: _____

Name of Bank: _____

Checking Acct #: _____

Bank Transit #: _____

City of Cooper Acct #: _____

City of Cooper Draft #: _____

******\$2.00 DONATION**** _____ **YES** _____ **NO**

To the above named bank and the City of Cooper: Until further notice the above named bank is authorized to pay to the City of Cooper amounts due on its bills for goods and services rendered at the service address stated above by deducting from my checking account amounts stated in service bills presented on my behalf by the City of Cooper.

Name of City of Cooper customer if other than depositor: _____

Address of Depositor: _____

Signature of Depositor: _____

(please print name)