

**Autopay Authorization** - I authorize the financial institution to accept such withdrawals initiated by City of Walla Walla as billed. This authorization shall remain in effect until the City of Walla Walla has received written notification of its termination and in such manner as to afford the City of Walla Walla and the Financial Institution a reasonable time to act upon it.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**One Time Credit Card Authorization**

CC Number \_\_\_\_\_ Exp Date \_\_\_\_\_ Amount \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_

**CITY SERVICE CONCERNS?** The City is interested in your feedback and comments regarding city services. If you wish to have someone contact you by phone or mail, please indicate below.

Comment/Question: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_