

I hereby authorize the City of Flushing to make withdrawals from time to time from the account identified below at _____
(Depository Financial Institution, hereinafter referred to as DFI) and authorized DFI to charge such withdrawals to my listed account.

Such withdrawals shall be payable quarterly. If the purpose for withdrawal is restricted in any manner, such restriction is stated below. Adjusting entries to correct errors are also authorized. It is agreed that these withdrawals and adjustments may be made electronically and under the Rules of the Michigan Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to the Company. I acknowledge receipt of a filled in copy of this Authorization.

Name of DFI _____ DFI's Routing & Transit No. _____ Account No. to Debit _____ Type of Account _____

Name of Authorizing Party (Please Print) _____ Address _____ City _____ State _____ Zip Code _____
 Checking
 Savings

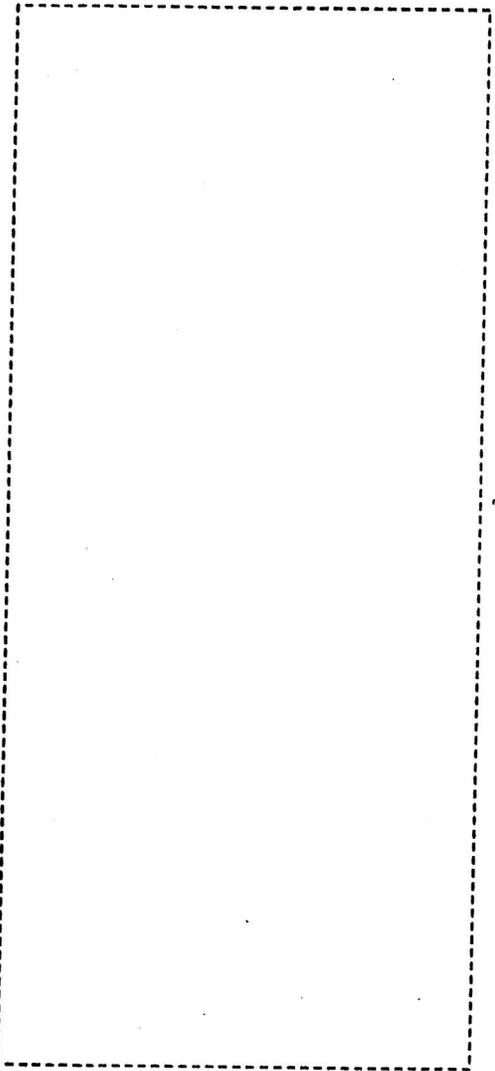
Signature of Authorizing Party _____ Date _____ Individual ID No. = *Water / Sewer Act #*

Limitations on Purposes for Withdrawal _____ Phone # _____

SEWER/WATER PAYMENTS

TMS 6221E 4/99 (Form 6221 3/99)

Please Attach Voided Check And Deposit Ticket To This Authorization



VOIDED CHECK FOR CHECKING
DEPOSIT TICKET WITH ACCOUNT
NUMBERS FOR SAVINGS