



Augusta Municipal Airport
Hangar Rent
Request for Automatic Bank Payment Option

Date _____

Hangar # _____

Name on Lease: _____

Customer Name _____

Phone # _____

Address _____ City _____ State _____ Zip Code _____

Bank Name _____

Bank Routing Number _____

Checking _____

Bank Account Number _____

Savings _____

By signing below, I authorize the City of Augusta to debit the account listed above for my monthly hangar rent on the 15th of every month. Should the 15th fall on a weekend or holiday, the debit will occur on the first business day following the 15th. This authorization will continue to be in place until I have signed this for to cancel the authorization I further understand that it is my responsibility to notify the City of Augusta (in writing) if any of the banking information listed above has changed.

Signature _____

Date _____

I _____ revoke authorization for the City of Augusta to debit the account number listed above for my monthly loan payment.

Signature _____

Date _____