

City of Elkader Authorization Agreement for Direct Payments (ACH Debits)

I hereby authorize the City of Elkader, hereinafter called COMPANY, to initiate debit entries to my CHECKING account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

DEPOSITORY (Bank) Name: _____ Branch _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Routing No. |: _____ |: Account No. _____

For monthly city Utility Bill beginning _____, 20 _____

This authorization is to remain in full force and effect until written notification from either party of its termination is on file. Notification shall be in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

UB Account No: _____ Account Address: _____

Account Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name (please print): _____

Date: _____ Signature: _____

NOTE: All written authorizations must provide that receiver may revoke authorization only by notifying originator in the manner specified in the authorization.

<i>For city use: Bank Pay tab:</i>	<i>Excel entry:</i>
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Attach voided check here: