

## 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.

*For city use: Bank Pay tab:*

*ACH account confirmed:*

Attach voided check here: