

ACH DEBITS AUTHORIZATION

Authorization Agreement for Direct Payments (ACH Debits)

Company Name: City of Marquette

I (we) hereby authorize _____, hereinafter called Company, to initiate debit entries to my (our) account. I understand ACH payments are free of charge and I will continue to receive billing postcards at the beginning of each month. The ACH payment will be deducted from my account on the 20th of each month (or first available business day thereafter). The Account (select one) indicated below at the depository Financial Institution named below, hereinafter called Depository, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository

Name _____

Branch _____

City _____

State _____ Zip _____

Routing #: _____

Account #: _____

Type of Account: [] Checking [] Savings

This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Name(s) _____

Utility Account Number _____

Date _____

Signature _____

Date of first Debit _____

Phone Number _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

TAPE YOUR VOIDED CHECK HERE
