

**ACH DEBITS AUTHORIZATION**

Authorization Agreement for Direct Payments (ACH Debits)

Company Name: City of Marquette

I (we) hereby authorize City of Marquette, hereinafter called Company, to initiate debit entries to my (our) account (select one) indicated below at the depository Financial Institution named below, hereinafter called Depository, and to debit the same to such 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 20<sup>th</sup> of each month (or first available business day thereafter). 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 \_\_\_\_\_

Email Address: \_\_\_\_\_ Paperless Billing: Yes  No

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.

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