

ACH Authorization Agreement – Direct Payments (ACH Debits)

City of Fruitland
PO Box 97
Fruitland, IA 52749
ID# 42-1020640

I (we) hereby authorize the City of Fruitland to initiate debit entries to my (our) Checking or Savings account indicated below at the depository financial institution named below and to debit the same to such account. I (we) acknowledge that the origination of the ACH transaction to my (our) account must comply with the provisions of U.S. law.

Depository Information

Name(s) _____

Address: _____

Phone Number(s): _____

SS#: _____

Bank: _____

Checking or Savings Account? _____

Routing Number: _____

Account Number: _____

Amount of Monthly Payment: _____

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.

Signature _____ Date _____

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.

STAFF USE

Date to Start Automatic Payments: _____ ID#: _____

Notes: _____