



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize CITY OF EAGLE LAKE, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law. I understand that my account will be debited on the **10th of every month.**

(Financial Institution Name)

(Branch)

(Address)

(City/State)

Zip

(Routing/Transit Number)

(Account Number)

Type of Acct: ☐ Checking
☐ Savings

(Utility Account Number)

(Utility Address)

This authority 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Printed Name of Individual

Printed Name of Individual

Driver License Number or ID Number

Driver License Number or ID Number

Signature

Signature

Date

Date