

CITY OF BELLEVIEW

AUTHORIZATION AGREEMENT FOR BANK DRAFT PAYMENTS(ACH DEBITS)

CUSTOMER/COMPANY
NAME _____

CUSTOMER ACCOUNT OR
ID # _____

ADDRESS: _____

I(we) hereby authorize The City of Belleview, hereinafter called CUSTOMER/COMPANY, to initiate debit entries to my (our) ___Checking ___ Savings account (select one) indicated below at the depository financial institution stated below, hereinafter called DEPOSITORY, and to debit the same such account.

DEPOSITORY
NAME _____

BRANCH _____

CITY _____

STATE _____

ROUTING NUMBER _____

ACCOUNT NO. _____

This authorization is to remain in full force and effect until The City of Belleview has received written notification from me (or either of us) of it's termination in such time and in such manner as to afford COMPANY & DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____
(please print)

SIGNED X _____

DATE _____

SIGNED X _____

DATE _____

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

CANCELLATION CAN BE DONE WITH A 30 DAY WRITTEN NOTICE.

PLEASE ATTACH COPY OF VOIDED CHECK.

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20__, by _____, who is personally known to me or () who has produced a _____ Driver's License as identification.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

MY COMMISSION NUMBER:

Keyed in ACH: _____ by _____

Keyed in Asyst: _____ by _____