

**CITY OF POLK CITY**

**Authorization for Direct Payments (ACH Debits)**

I (we) hereby authorize The City of Polk City, hereinafter called THE CITY, to initiate debit entries to my (our) Checking\_\_\_\_ Savings\_\_\_\_ account (check one) indicated below at the depository financial institution hereafter 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 CODE \_\_\_\_\_

TRANSIT/ABA # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_  
(ROUTING)

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

NAME (S) \_\_\_\_\_ WATER ACCOUNT # \_\_\_\_\_  
(Please Print)

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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