

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)**

Company: City of Garrison, IA

Tax ID: #42-6004701

I (we) hereby authorize the City of Garrison, hereinafter called COMPANY, or their appointed third-party representative, to initiate debit entries to my (our)

Select one: Checking Account Savings Account

Indicated below at the depository financial institution named below, hereinafter 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.

Bank Name: _____

City: _____ State: _____ Zip: _____

Bank Routing #: _____ Account #: _____

Type of Account (select one) Checking Account Savings Account

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, or their appointed third party and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____ Date: _____

Address: _____

Telephone Number: _____

Email: _____

Signature: _____

ACH applications received at Garrison City Office, 201 E Pine St, before the last business day of the month will take effect the following month.

FOR OFFICE USE

Date Received _____ Beginning Date _____

Utility Account: _____

