



Small Town. Real Life.

Authorization Agreement for ACH Debit Payments

Date: _____ - _____ - _____
(Please Print) Utility account number

New Request
 Change

Name As It Appears On Your Utility Statement

Service Address

(_____) _____
Daytime phone

Email address

I/We hereby authorize the City of Duvall to automatically withdraw funds from my/our

checking account or **savings account (select one only),**

the amount on my/our monthly utility statement for the above reference service address and the financial institution, named below to accept such withdrawals initiated by the City of Duvall. The withdrawal shall be made from my/our checking or savings account on the due date. Incomplete and/or unsigned applications will not be accepted.

Financial institution

Branch

Transit/Routing No.

FULL Bank Account No. (include ALL account numbers-NO check numbers)

The diagram shows a check with the following fields: Your Name, Your Address, 1001 (top right), DATE, PAY TO THE ORDER OF, \$ (amount), DOLLARS, Your Bank Name, MEMO, and routing/account numbers: 123456789 (9 Digit Routing Number), 0000987654321 (Your Account Number), and 1001 (Check Number).

9 Digit Routing Number Your Account Number Check Number

****Please return completed form with a VOIDED CHECK****

Completed forms, changes to the account information or cancellations of Direct Debit must be received no later than the 15th of the month. **Please continue to pay your bill until your statement message states the account is scheduled for ACH debit to be withdrawn on the due date of the bill. If a voided check is not provided, the City will not be responsible for returned transactions due to an incomplete account number.**

Signature

Date