



Small Town. Real Life.

Authorization Agreement for ACH Debit Payments

Date: _____ - _____ - _____ New Request Change
Utility account number

(Please Print)

Name As It Appears On Your Utility Statement (Last, First, MI)

Service Address

(_____) _____
Daytime phone

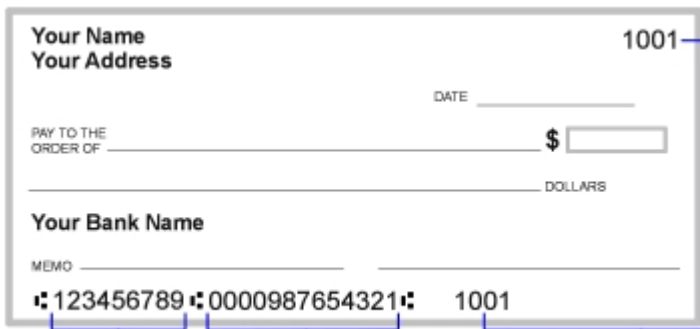
I/We hereby authorize the City of Duvall to automatically withdraw funds from my/our **checking account** **savings account (select one only)**, the amount on my/our monthly utility statement for the above reference service address and the financial institution, named below to accept such withdrawals 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)



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. **If a voided check is not provided, the City will not be responsible for returned transactions due to an incomplete account number.**

Signature

Date