



Office Use:

MIU# _____
ACCT # _____
Curb It ordered _____
WW notified _____
Entered _____

SERVICE ADDRESS: _____

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) account 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.

NAME OF BANK: _____

BRANCH CITY: _____

TRANSIT/ABA #:
(ROUTING) _____

ACCOUNT#: _____

CHECKING or
SAVINGS _____

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: _____

SOCIAL SECURITY #: _____

MAILING ADDRESS: _____

PHONE#: _____

EMAIL ADDRESS: _____

SERVICE START 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.