

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS (ACH DEBITS)

COMPANY NAME _____ CITY OF MAQUOKETA – WATER _____

NAME ON ACCOUNT _____

ACCOUNT ADDRESS _____

I (we) hereby authorize City of Maquoketa, hereinafter called COMPANY, to initiate debt entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our)

_____ checking account _____ savings account

indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

DEPOSITORY (BANK) NAME _____

BRANCH _____

BANKS' STREET ADDRESS _____

CITY _____

STATE _____

ZIP _____

BANK PHONE NUMBER _____

TRANSIT/ABA NO. _____

ACCOUNT NO. _____

This authority is to remain in full force and effective 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 and DEPOSITORY, a reasonable opportunity to act on it.

NAMES _____ (Please print)

SIGNATURE _____

SIGNATURE _____

DATE _____ WATER ACCT NO. _____

To complete the ACH process, we will need a copy of a check or a voided check.