

ACH DEBIT AUTHORIZATION

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: _____ **Company ID Number:** _____

I (we) hereby authorize City of Poplar Bluff Municipal Utilities, to initiate debit entries to my (our) Checking Account/Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and if necessary, initiate adjustments for any transactions credited/debited in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____ **Branch:** _____

City: _____ **State:** _____ **Zip:** _____

Personal Account: _____ **Business Account:** _____

Routing Number (9 Digits): _____ **Account Number:** _____

This authorization is to remain in full force and effect until Municipal Utilities has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Municipal Utilities and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____ **Individual ID Number:** _____
(Please Print) *(To be completed by Company)*

Signature: _____ **Date:** ___/___/___ **Phone Number:** _____

Please attach a VOIDED CHECK to this authorization if a checking account will be debited.