

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT (ACH Debit)

I hereby authorize the City of Kewaunee to initiate debit entries to my account indicated below and the financial institution named below to debit the same to account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the United States law. (Please attach a voided check or deposit ticket).

Bank Name: _____

Bank Address: _____

Bank Telephone Number: _____

Bank Routing Number: _____

Bank Account Number: _____ **Acct Type:** ___Checking ___Savings

I agree that my bank account will be debited between the **20th and 25th** of each odd month (Jan., Mar., May, July, Sept., Nov.). This authorization is to remain in effect until the City of Kewaunee has received written notification from me of its termination in such time and in such manner as to afford the City of Kewaunee and resident's bank a reasonable opportunity to act on it.

Please initial what type of direct payment customer is initiating:

_____ Direct Payment – Total Amount Due (Single Transaction on or before due date)

_____ Fixed Amount/Direct Payment – (Monthly transaction) - This amount will be taken from account ***no matter what the balance is.***

Name (s) Printed: _____

Signed: _____

Date: _____ **Utility Account Number:** _____

Property Address: _____

Phone Number: _____