

AUTHORIZATION AGREEMENT-For Pre-arranged payments (ACH Debits)

Company Name
CITY OF MAYVILLE

Company ID Number
39-6005522

DATE

UTILITY ACCOUNT #

I (we) hereby authorize **The Utility Department** hereinafter called COMPANY, to initiate debit entries to my (our) Checking/Savings Account indicated below and the depository named below, hereinafter called DEPOSITORY to debit the same to such account. This authority is to remain in full force and effect until COMPANY and DEPOSITORY 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. I (or either of us) has the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting whichever occurs first.

Checking **Savings**

DEPOSITORY NAME

BRANCH

TRANSIT/ABA NUMBER

CITY, STATE, ZIP

ACCOUNT NUMBER

NAME (PLEASE PRINT NAME)

NAME (if Joint Account-2nd Signature Needed)

SIGNATURE

SIGNATURE