

Authorization Agreement for Direct Payments

I authorize The City of Versailles, hereinafter called CITY, to initiate automatic withdrawals from my account indicated below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

I understand that three or more payments in a 12-month period resulting in overdraft of my account may result in termination of this Direct Payment Agreement. This authorization will remain in effect until CITY has received written notification from me of it's termination in such time and manner as to afford the CITY and my financial institution a reasonable time to act upon it.

Bank
Name _____

Branch _____

City _____ State _____ Zip _____

Routing Number _____

Account Number _____

Checking _____ Savings _____ (Select one)

Payments to begin _____

Payments to be made on the 5th day of each month or first business day following if the 5th falls on a weekend or holiday.

Utility Account Number _____

Name on Utility Account _____

Account holder Name _____

Account holder Signature _____

Please attach a voided check to this agreement for verification. Thank You.