

Authorization Agreement For Direct Payments (ACH Debits)

City of Lake Wilson
110 N Broadway Ave
Lake Wilson, MN 56151

I hereby authorize the City of Lake Wilson to initiate debit entries for my utility bills to my _____ Checking/ _____ Savings Account (select one) indicated at the depository financial institution named below, hereinafter call Depository, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

The transaction will take place on the 25th day of the billing month.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Bank Account # _____

This authorization is to remain in full force and effect until the City of Lake Wilson has received written notification from me of its termination in such time and in such manner as to afford City and Depository a reasonable opportunity to act on it.

Name _____

(please print)

Address _____

Date _____

Signature _____

PLEASE ATTACH A
VOIDED CHECK HERE