

ACH Authorization

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: City of Essex, Iowa

Depository Name: _____	Branch: _____
City: _____	State: _____ Zip: _____
Routing Number: _____	Account Number: _____

I (we) hereby authorize the City of Essex, hereinafter called COMPANY, 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 to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. If the 20th falls on a holiday or weekend this will be debited on the previous business day.

This authorization is to remain in full force and effect until COMPANY 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. Fourteen (14) days or more is considered reasonable time.

Name(s): _____	Account #: _____
Signature: _____	Date: _____