

CITY OF LAFAYETTE

Authorization Agreement for Direct Payments (ACH Debits)

NOTE: PLEASE ATTACH A VOIDED CHECK WHEN SUBMITTING THIS FORM AT CITY HALL.

Company name _____ Company ID number _____

I (we) hereby authorize City of LaFayette herein after called, COMPANY, to initiate debit entries to my (our) ___ checking account ___ savings account (select one) indicated below at the depository financial institution named below, hereafter 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.

Depository name _____ Branch _____

City _____ State _____ Zip _____

Routing number _____ Account number _____

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.

Name(s) _____ Account number _____
(please print)

Name _____

Date _____ Signature _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.