



**AUTHORIZATION AGREEMENT FOR COLLECTIONS
(ACH DEBITS)**

I, _____(Name) hereby authorize the City of Leonard, hereinafter called City, to initiate debit entries to my checking or savings account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit 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.

Please attach a voided check with completed form.

Depository Account Name:

Depository Financial Institution:

Routing Number:

Account Number:

Checking

Savings

City / State:

Please indicate the appropriate date for your payment:

I would like my bill paid on the 1st of the month _____

I would like my bill paid on the 15th of the month _____

This authorization is to remain in full force and effect until 30 days after CITY has received written notification from me of its termination in such time and in such manner as to afford the CITY and DEPOSITORY a reasonable opportunity to act on it.

Name:

Phone Number:

Signature:

Water Account #

Date:
