



CITY OF WATERLOO
100 West Fourth Street
Waterloo, IL 62298
618-939-8600

AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize THE CITY OF WATERLOO, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. Your account will be debited on or around the fifth of the month.

_____		_____	
(Financial Institution Name)		(Branch)	
_____		_____	_____
(Address)		(City – State)	(Zip)
_____	_____	Type of Acct: _____ Checking _____ Savings	
(Routing/Transit Number)	(Account Number)		

This authority is to remain in full force and effect until THE CITY OF WATERLOO has received written notification from me (or either of us) of its termination in such time and manner as to afford THE CITY OF WATERLOO and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____	_____
(print individual name)	(print individual name)
_____	_____
(print last 4 digits of Social Security Number)	(print last 4 digits of Social Security Number)
_____	_____
(Contact Phone Number)	(Utility Account Number)

	(Signature)

	(Signature)

(Date)	

PLEASE ATTACH COPY OF VOIDED CHECK OR DEPOSIT SLIP TO THIS FORM