



**CITY OFFICES**  
100 West Fourth Street  
Waterloo, Illinois 62298  
(618) 939-8600  
Stanley T. Darter, Mayor

## 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
_____	_____	
Routing/Transit Number	Account Number	

Type of Account:                       Checking               Savings

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
_____	_____
Last 4 digits of SSN#	Last 4 digits of SSN
_____	_____
Phone Number	Phone Number
_____	_____
Signature	Signature
_____	_____
Date	Utility Account Number

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