



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