

Debit Authorization

I hereby authorize the City of Archer, hereinafter called the COMPANY, to initiate DEBIT entries to my account at the FINANCIAL INSTITUTION indicated below. In the event that an erroneous entry is made, I further authorize the COMPANY to use a credit or debit entry to correct the error. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

FINANCIAL INSTITUTION _____

FINANCIAL INSTITUTION Routing & Transit # _____

Checking/Savings Account Number _____
circle one

This authority is to remain in full force and effect until the COMPANY has received written notification from me of its termination in such time and in such manner as to afford the COMPANY and the FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name _____

Address _____

City of Archer Utility Account Number _____

Date _____ Signature _____

Please attach a VOIDED CHECK to this form