

# Debit Authorization

(Variable Amounts)

## AUTHORIZATION FORM FOR DIRECT PAYMENT ACH DEBITS

I (we) hereby authorize City of Smithville to initiate debit entries for utility payments (type of debit - PPD) to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

The City of Smithville may debit my account for amounts becoming due by me on a monthly basis, according to my utility invoice. The City of Smithville will debit your bank account on the 10<sup>th</sup> of the month. If the 10<sup>th</sup> falls on a weekend or holiday, then your bank account will be debited on the next working business day.

Financial Institution Name:	
Branch:	
Address:	Type of Account (circle one):
City/State:	Checking
ZIP:	Savings

Account Name:
Routing Number:
Account Number:

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

Utility Account Name:
Utility Account Number:
Service Address:
Contact Phone Number:

Printed Name(s):
Signature(s):
Date:

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!