CITY OF BROWERVILLE

544 MAIN STREET, PO BOX 247, BROWERVILLE, MN 56438

AUTHORIZATION AGREEMENT FOR ACH DEBITS

PLEASE CHECK ONE: ☐ Enroll ☐ Withdraw ☐ Change Bank Account

- A VOIDED CHECK MUST BE ATTACHED TO ENROLL OR CHANGE BANK ACCOUNTS -

CUSTOMER NAME(S) (as it/they appear on your bank account)

SERVICE ADDRESS (residential only) TELEPHONE

MAILING ADDRESS, CITY, STATE AND ZIP

CUSTOMER ACCOUNT (located on your billing statement)

I (We), the undersigned, hereby authorize the City of Browerville, herein after called CITY, to initiate debit entries and/or correction entries to our checking account at the bank/depository named below, herein called DEPOSITORY, to credit the same such account. The ACH Debit Transaction will take place on the __ of each month. If the __ should fall on a weekend or holiday, the ACH Debit Transaction will take place on the next business day.

BANK/DEPOSITORY NAME BRANCH NAME

CITY STATE

BANK TRANSIT/ROUTING/ABA NUMBER ACCOUNT NUMBER

This authorization is to remain in full force until the CITY has received **written** notification from me (or either of us) of its termination in such time and in such manner as to afford the CITY and DEPOSITORY reasonable opportunity in which to act.

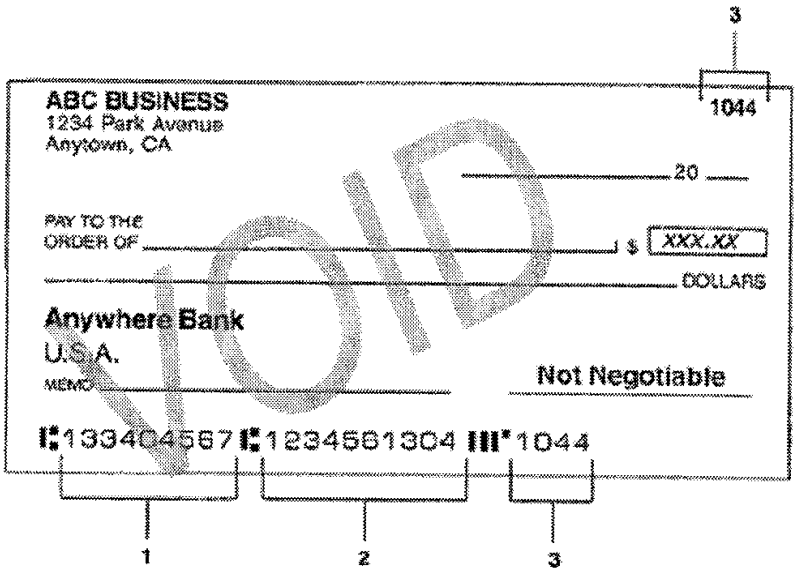
SIGNATURE DATE

SIGNATURE DATE

The City must receive this form 30 days prior to the next scheduled ACH debit transaction date.

The example shown below will assist you in locating the numbers needed to fill out the form.

Attach a Voided check to the completed agreement so that we may verify bank account and routing numbers.



1 **Routing Number (requires 9 digits)**

2 **Bank Account Number (not to exceed 17 digits)**

3 **Check Number**

Remember to mark the word “VOID” across the face of the check that you submit with your authorization agreement.

The City must receive this form 30 days prior to the next scheduled ACH debit transaction date.