

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACHDEBITS)**

NAME: \_\_\_\_\_

WATER ACCOUNT NUMBER: \_\_\_\_\_

I (we) hereby authorize THE CITY OF WOODSTOCK, hereafter called CITY, to initiate debit entries to my (our) Checking Account/Savings Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and 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 the U.S. Law.

**I further acknowledge that the funds will be removed from my account one (1) to five (5) days before the actual due date and will be for the total balance due.**

Depository (Bank) Name: \_\_\_\_\_

Branch Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

NOTE: DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

**PLEASE ATTACH VOIDED CHECK HERE**