

**AUTHORIZATION AGREEMENT  
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize City of Clyde, hereinafter called COMPANY, 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.

\_\_\_\_\_  
(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 COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Individual Name) (Print Individual Name)

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Signature) (Date)

**NOTE: YOUR ACCOUNT WILL BE DEBITED ON THE 12<sup>TH</sup> OF EACH MONTH UNLESS THE 12<sup>TH</sup> FALLS ON A WEEKEND OR HOLIDAY. THE TRANSACTION WILL THEN OCCUR ON THE FOLLOWING BUSINESS DAY. YOU WILL RECEIVE A COPY OF YOUR BILL BY EITHER MAIL, WHICH COST AN ADDITIONAL \$1.00, OR BY EMAIL. IF YOU REQUEST A COPY BY EMAIL, PLEASE INCLUDE YOUR EMAIL ADDRESS ON THE LINE PROVIDED ON THIS FORM. RETURN THIS FORM WITH AN ATTACHED VOIDED CHECK**

*City of Clyde - Utility Billing*