

ACH Debit Authorization

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

CITY OF LAUREL

I (we) hereby authorize THE CITY OF LAUREL, hereinafter called COMPANY, to initiate debit entries to my (our) ☐ Checking Account / ☐ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter 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 U.S. law.

Depository
Name: _____ **Branch:** _____
City: _____ **State:** _____ **Zip:** _____
Routing **Account**
Number (9 Digits): _____ **Number:** _____
Daytime Phone: _____ **Work Phone:** _____

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

Name(s): _____ **Individual ID Number:** _____
(Please Print) (To be completed by City of Laurel)
Signature: _____ **Date:** ____/____/____

Please attach a VOIDED CHECK to this authorization if a checking account will be debited.

1234
15-00000000

JEFFREY MAPLE
SUZANNE MAPLE
123 Pear Lane
Anyplace, VA 20000

PAY TO THE
ORDER OF

ANYPAGE BANK
Anyplace, VA 20000

Routing number Account number

For 1-250250025 202020185 1234

1234
15-00000000

Do not include the check number.

DOLLARS

1234

Note: The routing and account numbers may be in different places on your check.