CITY OFFICES
100 West Fourth Street
Waterloo, Illinois 62298
(618) 939-8600

Stanley T. Darter, Mayor

AUTHORIZATION AGREEMENT - DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize THE CITY OF WATERLOO, 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. Your account will be debited on or around the fifth of the month.

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

Print Individual Name	Print Individual Name
Last 4 digits of SSN#	Last 4 digits of SSN
Phone Number	Phone Number
Signature	Signature
Date	Utility Account Number

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM