



**CITY OF ALPINE – UTILITY DEPARTMENT
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT
(ACH DEBITS)**

I (We) hereby authorize the City of Alpine hereinafter called Company, to initiate debit entries to my(our) ___ **Checking** ___ **Savings** account indicated below at the depository financial institution name 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.

Bank Information:

Financial Institution _____ Branch _____
City _____ State _____ Zip Code _____
Routing Number _____ Bank Acct. Number _____

This authorization 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 manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

City Information:

Name on City Acct.: _____

City Acct. Number(s) _____

Signature(s) _____ Signature(s) _____
Date: _____ Date: _____

*****A voided check or deposit slip must be attached*****