



17 Buchanan Ave, P.O. Box 779 Eagle Point, OR 97524
(541)826-4212 Fax:(541)826-6155

INITIALS _____
DATE: _____
OFFICE USE ONLY

City of Eagle Point

ACH Debit Authorization – Direct Payment

I (we) hereby authorize City of Eagle Point, 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 for the DEPOSITORY 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.

I would like my account debited on/or about the 10th or the 18th of every month.

Bank Name: _____

Routing Number: _____

Account Number: _____

****Please attach a voided check (DO NO USE DEPOSIT SLIP) or verify above information with your bank prior to sumitting this form.**

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 time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____

Utility #: _____ Phone #: _____

Property Address: _____

Signed: _____ Date: _____

(must be signer on the account)

RETURNED ITEM PENALTY: ACH payments returned to the City by your bank for any reason will result in a \$25.00 returned item fee.