

AUTHORIZATION AGREEMENT TO INITIATE DIRECT ACH PAYMENTS TO

CITY OF HARPERS FERRY

I/we hereby authorize the CITY OF HARPERS FERRY to originate an ACH Debit transfer from the account located at the financial institution (depository) named below.

DEPOSITORY INFORMATION

NAME(S) ON ACCOUNT _____

Checking Savings
Account (select one)

NAME OF BANK: _____

ROUTING#: _____

ACCOUNT# _____

This authorization is to remain in full force and effect for the term of the agreement as stated below or until CITY OF HARPERS FERRY has received written notification of its termination in or until such time and in such manner as to afford CITY OF HARPERS FERRY and DEPOSITORY a reasonable opportunity to act upon it.

SIGNED: _____

DATE: _____

Phone: _____

SIGNED: _____

DATE: _____

AMOUNT OF TRANSFER _____

DATE TO START _____

DATE(S) OF
TRANSFER(S)

15th of the month
Quarterly

**PLEASE INCLUDE A VOIDED CHECK
WITH THIS FORM**

NUMBER OF TRANSFERS _____

- OR - TRANSFER UNTIL CANCELLED

**A COPY OF THIS SIGNED AUTHORIZATION MUST BE PROVIDED TO THE CUSTOMER BEING DEBITED*

Termination Request:

I hereby request to have this Authorization Agreement cancelled effective _____
(Date to Terminate)

SIGNED _____

Date: _____

******* INTERNAL USE ONLY *******

NEW AGREEMENT -OR- REPLACING EXISTING AGREEMENT Date Received: _____

CREDITS TO BE APPLIED TO ACCOUNT #: _____

Received By: _____ Contact Number: _____