



Authorization Agreement For Direct Payments (Ach Debits)

I (we) hereby authorize City of Enid, to initiate debit entries to my (our) Checking Account/ SavingsAccount 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 transaction to my (our) account must comply with the provisions of U.S. law.

Name: \_\_\_\_\_

Water Bill #: \_\_\_\_\_ **(as it appears on your bill - PLEASE PRINT)**

Branch: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

My Account is: Checking Savings (please circle one)

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*\* Attach voided check or savings account slip here\*\***

